

## MEDICAL CLEARANCE INSTRUCTIONS FOR ATHLETES

**You must be seen by your VA Primary Care Provider to be medically cleared to participate in the Games.**

**Reminder: Medical assistance is not intended for pre-existing conditions.** Competitors must bring with them enough medication and medical supplies to last throughout the Games. **There are no provisions for providing replacement medications and medical supplies. We will not refill any narcotic prescriptions.**

**Medical assistance will be provided 24 hours a day as part of the National Veterans Golden Age Games.**

Sick call and emergency medical treatment will be available at the \_\_\_\_\_.  
First aid and patient stabilization will be provided at the events and activities. Ambulances will be called if emergency care is needed.

Competitors using oxygen must have their sponsoring VA Medical Center coordinate oxygen services, including supplies, with a local oxygen provider.

When you check-in for the Games, you must tell us if there have been any significant changes in your health since you completed your application. These include:

- Changes in medication
- Admissions/Hospitalizations
- New diagnosis, problems, or conditions

We need current addresses and phone numbers for:

- You
- Next of Kin
- Emergency Contact Person
- Your Primary Care Provider
- Sponsoring Facility Point of Contact

**Please have your VA Primary Care Provider complete the General**

**Medical Information/Medical Form VA 0926e attached .**



# ATHLETE MEDICAL INFORMATION

*A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN ASSISTANT MUST FILL OUT AND SIGN THIS FORM*

**PRIVACY ACT:** VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

DATE		VA MEDICAL CENTER NAME	
NAME (Last, First, MI)		ADDRESS (Street, City, State, Zip Code)	
SOCIAL SECURITY NO. (Last 4 digits only)	VETERANS DATE OF BIRTH	AGE	

**PLEASE REVIEW VETERAN DEMOGRAPHICS FOR ACCURACY BEFORE YOU COMPLETE THIS FORM.**

WEIGHT	PROBLEM LIST (Active Problems) <input type="checkbox"/> COPD <input type="checkbox"/> HEART FAILURE <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> DIABETES	I HAVE REVIEWED THE ACTIVE PROBLEMS AND CONFIRM THAT THIS LIST IS CURRENT  <input type="checkbox"/> YES <input type="checkbox"/> NO
HEIGHT		
BLOOD PRESSURE		

LIST ALL ACTIVE MEDICATIONS _____ _____	I HAVE REVIEWED THE ABOVE MEDICATIONS AND THE VETERAN IS TAKING THEM AS DIRECTED  <input type="checkbox"/> YES <input type="checkbox"/> NO
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LAST ADMISSION \_\_\_\_\_

ALLERGIES \_\_\_\_\_

IS THE VETERAN VISUALLY IMPAIRED? (Legally blind)  YES  NO

IS THE VETERAN HEARING IMPAIRED?  YES  NO

TETANUS TOXOID DATE \_\_\_\_\_ PLEASE UPDATE TETANUS IF NOT WITHIN 10 YEARS  YES  NO

PPD DATE \_\_\_\_\_ WITHIN 12 MONTHS  YES  NO

IF POSITIVE, SEND CURRENT X-RAY REPORT  YES  NO

CAN HE/SHE TAKE HIS/HER OWN MEDICATIONS?  YES  NO

**PLEASE ADVISE VETERAN OF THEIR RESPONSIBILITY FOR BRINGING ENOUGH MEDICATION FOR THE TRIP AND THE WEEK.**

**THE HOST VA MEDICAL CENTER WILL NOT PROVIDE NARCOTIC REFILLS FOR ANY REASON.**

The cost of any medical expenses and/or medications will be charged back to the veteran or the veteran's originating facility.

DOES THE VETERAN NEED ASSISTANCE WITH THE FOLLOWING ADL'S?  
 AMBULATION    TRANSFER    FEEDING    GROOMING    TOILETING

IS THE VETERAN INCONTINENT OF URINE?  YES  NO

IS THE VETERAN INCONTINENT OF BOWEL?  YES  NO

IF THE VETERAN USES A WHEELCHAIR, CAN HE/SHE TRANSFER WITHOUT ASSISTANCE?  YES  NO

LIST ANY DURABLE MEDICAL EQUIPMENT OR SPECIAL ASSISTIVE DEVICES THE VETERAN WILL BE USING  
 \_\_\_\_\_  
 \_\_\_\_\_

IS THE VETERAN ON PORTABLE OXYGEN? (If yes, Rx i.e., 2L/min.)  YES  NO

LIST SPECIAL NEEDS (e.g. feeding tube, tracheotomy, catheter, mobility, bowel and bladder care, etc.)

LIST THOSE NEEDS THAT THE VETERAN REQUIRES ASSISTANCE WITH

BEHAVIORAL NEEDS

COGNITIVE NEEDS

WHAT ACTIVITY RESTRICTIONS DO YOU RECOMMEND?

IS THE VETERAN IS PHYSICALLY CAPABLE OF PARTICIPATING IN THESE AEROBIC EVENTS?

CYCLING       SWIMMING

PLEASE CHECK THE EVENTS THE VETERAN **CAN** PARTICIPATE IN

AIR RIFLE       CROQUET       GOLF       SHOT PUT       BOWLING       DISCUS  
 HORSESHOES       SHUFFLEBOARD       CHECKERS       DOMINOES       NINE-BALL       TABLE TENNIS

IN YOUR OPINION, CAN THE VETERAN MAKE THE TRIP AND PARTICIPATE IN THE NATIONAL VETERANS GOLDEN AGE GAMES?       YES       NO

DOES THE VETERAN HAVE AN ADVANCED DIRECTIVE?       YES       NO

PROVIDER'S NAME (Please print)

MD       PA       NP

PROVIDER'S SIGNATURE

PROVIDER TELEPHONE NUMBER  
(Where you can be reached during the Games)

PROVIDER PAGER NUMBER  
(Where you can be reached during the Games)