

2014 NVGAG 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: We will not provide routine medical care, replacement medications, replacement equipment or replacement supplies for pre-existing conditions. Athletes must bring enough medication and medical supplies to last through the GAMES. Any medication or medical supplies provided on site will be charged back to the Athlete's medical facility. Narcotic prescriptions will not be filled.

The Veterans Health Care System of the Ozarks (VHSO) has inpatient services. Should a Athlete have a problem that needs attention or treatment in an Emergency Room or local hospital, please inform a coach or local organizing committee staff who will notify the local VA medical staff.

Athletes using oxygen must have their sponsoring VA Medical Center coordinate oxygen services, including supplies, with a local oxygen provider in northwest Arkansas.

Limited medical assistance will be provided 24 hours a day at The Maples dormitory on the University of Arkansas campus. First aid and medical stabilization at the events and activities will also be provided. Ambulance care will be provided as needed.

When registering on June 28, 2014, please tell us if there have been any significant changes in your health since application was completed. These changes include:

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

Please have your VA Primary Care Provider complete the enclosed Medical Application (VAF 0926e) and submit it, along with a copy of your VA ID card, with your application packet.

IF THE VETERAN USES A WHEELCHAIR, CAN HE/SHE TRANSFER WITHOUT ASSISTANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ANY SPECIAL ASSISTIVE DEVICES THE VETERAN WILL BE USING		
IF YES TO ANY ONE OF THE ABOVE QUESTIONS, EQUIPMENT MUST BE INSPECTED AND CERTIFIED BY THEIR SPONSORING MEDICAL FACILITY.		
IS THE VETERAN ON PORTABLE OXYGEN? <i>(If yes, Rx i.e., 2L/min.)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
IS THE VETERAN ON CPAP/BIPAP? <i>(If yes, pressure setting)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
ATHLETES MUST BRING AND PROVIDE THEIR OWN CPAP/BIPAP		
IF YES TO ANY ONE OF THE ABOVE QUESTIONS, SPONSORING VA MEDICAL CENTER MUST COORDINATE OXYGEN SERVICES, INCLUDING SUPPLIES AND EQUIPMENT, WITH A LOCAL OXYGEN PROVIDER.		
LIST SPECIAL NEEDS <i>(e.g. feeding tube, tracheotomy, catheter, mobility, bowel and bladder care, etc.)</i>		
LIST THOSE NEEDS WITH WHICH THE VETERAN REQUIRES ASSISTANCE		
BEHAVIORAL NEEDS		
COGNITIVE NEEDS		
IF YES TO ANY ONE OF THE ABOVE QUESTIONS, ACCOMPANYING CAREGIVER MUST BE ABLE TO PROVIDE THE ASSISTANCE NEEDED.		
WHAT ACTIVITY RESTRICTIONS DO YOU RECOMMEND?		
THE VETERAN IS PHYSICALLY CAPABLE OF PARTICIPATING IN THESE HIGH RISK AEROBIC EVENTS		
CYCLING	<input type="checkbox"/> YES <input type="checkbox"/> NO	
SWIMMING	<input type="checkbox"/> YES <input type="checkbox"/> NO	
TRACK	<input type="checkbox"/> YES <input type="checkbox"/> NO	
PLEASE SELECT THE EVENTS THE VETERAN CAN OR CANNOT PARTICIPATE IN		
AIR RIFLE	<input type="checkbox"/> YES <input type="checkbox"/> NO	HORSESHOES <input type="checkbox"/> YES <input type="checkbox"/> NO
BADMINTON	<input type="checkbox"/> YES <input type="checkbox"/> NO	JAVELIN <input type="checkbox"/> YES <input type="checkbox"/> NO
BOWLING	<input type="checkbox"/> YES <input type="checkbox"/> NO	NINE BALL <input type="checkbox"/> YES <input type="checkbox"/> NO
CHECKERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	SHOT PUT <input type="checkbox"/> YES <input type="checkbox"/> NO
DISCUS	<input type="checkbox"/> YES <input type="checkbox"/> NO	SHUFFLEBOARD <input type="checkbox"/> YES <input type="checkbox"/> NO
DOMINOES	<input type="checkbox"/> YES <input type="checkbox"/> NO	TABLE TENNIS <input type="checkbox"/> YES <input type="checkbox"/> NO
GOLF	<input type="checkbox"/> YES <input type="checkbox"/> NO	
IN YOUR OPINION, CAN THE VETERAN MAKE THE TRIP AND PARTICIPATE IN THE NATIONAL VETERANS GOLDEN AGE GAMES?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES THE VETERAN HAVE AN ADVANCED DIRECTIVE? <i>(Attach copy)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
MEDICAL ORDERS FOR LIFE-SUSTAINING TREATMENT (MOLST)? <i>(Attach copy)</i>		<input type="checkbox"/> YES <input type="checkbox"/> NO
PROVIDER'S NAME <i>(Please print)</i>	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> NP	
PROVIDER'S SIGNATURE	PROVIDER TELEPHONE NUMBER <i>(June 28 to July 1, 2014)</i>	PROVIDER PAGER NUMBER <i>(June 28 to July 1, 2014)</i>