

## 2019 NVGAG MEDICAL CLEARANCE INSTRUCTIONS FOR ATHLETES

**You must receive medical clearance from your Primary Care Provider.**

Reminder: Athletes should bring enough medication and medical supplies to last through the entire event. Emergent care, if needed, will be provided during the Games. However, any medication or medical supplies provided on-site for non-emergent, routine care (i.e.- replacement equipment, replacement supplies, etc.) will be charged back to the athlete's primary VA medical facility. Note: The National Veterans Golden Age Games (NVGAG) involves significant walking within venues. Therefore, athletes should bring their own mobility equipment (i.e., - walker, cane, wheelchair), if needed, as these will not be provided by the Games.

There will be 24-hour medical assistance at the host hotels, as well as a medical suite available at the Anchorage Convention Center during event hours. The Alaska VA Health Care System does not have inpatient services. An athlete will be transferred to the nearest local hospital/Emergency Room if they have a medical situation that requires attention or treatment beyond what can be supplied at the event medical suites.

Athletes using oxygen must have their sponsoring VA Medical Center coordinate oxygen services, including supplies, with the Alaska VA Health Care Systems' Prosthetics Services.

Note: Athletes may be contacted by NVGAG personnel to confirm full ID to ensure access to accurate medical record, in the event treatment during the Games is needed.

Please have your Primary Care Provider complete the enclosed Medical Application (VAF 0926e). Athletes, Coaches, or Primary Care Providers may securely fax a copy of completed Medical Applications to: **33rd NVGAG Medical Clearance Fax Number: 907-375-2102.**

The Medical Application can also be emailed by VA personnel ONLY, via encryption, to:  
[VHAANCGAMEDICAL@va.gov](mailto:VHAANCGAMEDICAL@va.gov).

If you do not have access to fax or email via VA encryption, a copy of the completed application can be mailed to:

**2019 National Veterans Golden Age Games  
Alaska VA Health Care System  
1201 N Muldoon Road, Box # A2  
Anchorage, Alaska 99504**

Questions regarding the receipt of 2019 NVGAG medical applications may be left on the Message Line at 907-357-2101. Please leave full name, date of birth, last 4 of SSN, home VA state and a call back number. All messages will receive a return call within 5 business days.

**NO ONE WILL BE ALLOWED TO COMPETE WITHOUT THE COMPLETED MEDICAL FORM ON FILE. IF YOUR FORM IS NOT RECEIVED BY THE DEADLINE OF MARCH 22nd, YOU MAY BE DEREGISTERED FROM THE GAMES.**



# ATHLETES 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.

Dear Provider,  
 The annual National Veterans Golden Age Games (NVGAG) provides Veterans opportunities to engage in rehabilitative sport and recreational opportunities. [www.veteransgoldengames.va.gov](http://www.veteransgoldengames.va.gov). The Veteran patient plans to participate in various athletic events and/or games which may be strenuous and/or dangerous depending on his/her condition. Additionally, should the Veteran require personal ADL assistance, please understand this will not be provided by the Alaska VA Health Care System and would be a reason for not attending unless he/she is accompanied by a caregiver.

DATE	PRIMARY VA MEDICAL CENTER NAME	WHAT IS YOUR VA STATUS <input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	
NAME (Last, First, MI)		ADDRESS (Street, City, State, Zip Code)	
SOCIAL SECURITY NO. (Last 4 digits only)	DATE OF BIRTH	AGE	
DAYTIME TELEPHONE NUMBER (Include Area Code)	CELL PHONE NUMBER (Include Area Code)	E-MAIL ADDRESS	

**PLEASE CHECK ANY KNOWN MEDICAL CONDITIONS BELOW**

PROBLEM LIST (Active Problems)

<input type="checkbox"/> ASTHMA	<input type="checkbox"/> CHEST PAINS	<input type="checkbox"/> INDIGESTION	<input type="checkbox"/> LUNG DISEASE
<input type="checkbox"/> BLADDER/BOWEL PROBLEMS	<input type="checkbox"/> DIABETES	<input type="checkbox"/> JOINT PAIN	<input type="checkbox"/> OSTEOPOROSIS
<input type="checkbox"/> CHEST DISCOMFORT WHEN EXERCISING	<input type="checkbox"/> HERNIA	<input type="checkbox"/> LOW BACK PAIN	<input type="checkbox"/> SHORTNESS OF BREATH

LIST ALL ACTIVE MEDICATIONS

DOES THE VETERAN HAVE DRUG ALLERGIES (If Yes, please list)

YES     NO

DOES THE VETERAN MEET THE CRITERIA FOR LEGAL BLINDNESS BY EITHER HAVING VISUAL ACUITY OF 20/20 IN THE BETTER SEEING EYE WITH BEST CORRECTION, OR VISUAL FIELD LOSS OF 20 DEGREES OR MORE?

YES     NO

THE VETERAN HAS BEEN ADVISED TO BRING ENOUGH MEDICATIONS TO LAST DURING TRAVEL AND THE WEEK OF THE GAMES, ALONG WITH ANY DURABLE MEDICAL EQUIPMENT (DME).

YES     NO

**AS A PRIMARY CARE PROVIDER, I AM CLEARING THIS VETERAN TO PARTICIPATE IN THE BELOW CHECKED HIGH RISK EVENTS**  
 (Check all that apply):

<input type="checkbox"/> NO RESTRICTIONS	<input type="checkbox"/> BLIND DISC GOLF	<input type="checkbox"/> HORSESHOES	<input type="checkbox"/> TRACK
<input type="checkbox"/> BADMINTON	<input type="checkbox"/> CYCLING	<input type="checkbox"/> PICKLEBALL	
<input type="checkbox"/> BASKETBALL (3-ON-3; FREE THROW)	<input type="checkbox"/> FIELD (DISCUS, JAVELIN, SHOT PUT)	<input type="checkbox"/> SWIMMING	

PROVIDER'S NAME (Please print)	<input type="checkbox"/> MD <input type="checkbox"/> PA <input type="checkbox"/> NP	DATE	PROVIDER'S CITY, STATE
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PROVIDER'S SIGNATURE	PROVIDER TELEPHONE NUMBER (June 4 to June 11, 2019)	PROVIDER PAGER NUMBER (June 4 to June 11, 2019)
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**This medical form does NOT serve as registration to participate in the NVGAG. All athletes MUST complete registration online. This medical form must be received by the 2019 NVGAG host VA Medical Center no later than March 22, 2019.**

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