



Department of Veterans Affairs

**2013 NATIONAL VETERANS
GOLDEN AGE GAMES**

**ATHLETE REGISTRATION CHECKLIST
REGISTRATION DEADLINE IS MARCH 1, 2013**

NAME

ATHLETE FORMS

- VA FORM 0926b ATHLETE APPLICATION AND EVENT SELECTION
- VA FORM 0926d WAIVER AND RELEASE OF LIABILITY
- VA FORM 0926e MEDICAL APPLICATION
- VA FORM 10-3203 CONSENT FOR USE OF PICTURE AND/OR VOICE
- CURRENT EKG REPORT
- CURRENT MEDICATION PROFILE

PLEASE ASK YOUR COACH OR MEDICAL CENTER STAFF TO REVIEW THIS CHECKLIST WITH YOUR ATTACHED FORMS PRIOR TO MAILING.

The NVGAG Website, event rules, and information can be found on the internet at:
www.veteransgoldenagegames.va.gov

REGISTRATION DEADLINE IS MARCH 1, 2013

PLEASE RETURN COMPLETED PACKETS TO:

Registration Committee 528-141
2013 National Veterans Golden Age Games
VA Western New York Healthcare System
3495 Bailey Avenue
Buffalo, NY 14215



Department of Veterans Affairs

ATHLETE APPLICATION

2013 NATIONAL VETERANS GOLDEN AGE GAMES

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.

NAME (Last, First, MI)	DATE OF BIRTH	YOUR AGE AS OF MAY 30, 2013	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS (Street, City, State, Zip Code)	DAYTIME TELEPHONE NUMBER (Include area code)	CELL PHONE NUMBER	E-MAIL ADDRESS
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DIVISION: <input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED (Legally Blind)	PLEASE INDICATE T-SHIRT SIZE <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X	PRIMARY VA MEDICAL CENTER
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TEAM COACH	TELEPHONE NUMBER OF TEAM COACH	COACH CELL PHONE NUMBER
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IN CASE OF EMERGENCY, NOTIFY (Name)	PHONE NUMBER	RELATIONSHIP
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NEXT OF KIN	PHONE NUMBER	RELATIONSHIP
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WHEELCHAIR/SCOOTER INFORMATION: Please provide the following information about your wheelchair and/or scooter. This information can be obtained from your Prosthetics Department.)

ARE YOU ABLE TO AMBULATE SHORT DISTANCES WITHOUT ASSISTANCE? YES NO

MANUFACTURER	MODEL/MAKE	SERIAL NUMBER
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TYPE <input type="checkbox"/> POWER <input type="checkbox"/> MANUAL <input type="checkbox"/> RIGID <input type="checkbox"/> SCOOTER <input type="checkbox"/> FOLDING	FRAME TYPE	CAMBER	WEIGHT	OVERALL WIDTH	SEAT HEIGHT	SEAT WIDTH	SEAT DEPTH
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FRONT WHEEL/CASTER TYPE WHEEL CASTER HEIGHT _____ WIDTH _____ TIRE SIZE _____

BACK WHEEL/CASTER TYPE WHEEL CASTER HEIGHT _____ WIDTH _____ TIRE SIZE _____

WHEELCHAIR/CART INSPECTED BY	TELEPHONE NUMBER
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It is the athlete's responsibility to have wheelchair/scooter inspected by a VA prosthetic specialist and/or designee before arrival at the Games to insure that your equipment is in good working order.

SERVICE DOG WILL ACCOMPANY ATHLETE? YES NO

ASSISTIVE EQUIPMENT - All Athletes are encouraged to bring their own assistive equipment. A limited number of assistive equipment is available on a first-come, first serve basis for those that request their needs in the space below. Please identify items needed (i.e. Hoyer Lift, Commodes, Shower Benches, etc.) and we will try to accommodate you. For those athletes that do not request assistive equipment, an option to rent equipment will be available on site.

YOU MUST BRING ALL MEDICATIONS TAKEN AND ANY ASSISTIVE EQUIPMENT USED.



Department of Veterans Affairs

ATHLETE EVENT SELECTION

ATHLETE'S NAME <i>(Please print)</i>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE <i>(as of May 30, 2013)</i> <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75-79 <input type="checkbox"/> 80-84 <input type="checkbox"/> 85+
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DIVISION CLASSIFICATION - I WILL BE COMPETING IN THE FOLLOWING DIVISION *(Check only one)*

AMBULATORY WHEELCHAIR VISUALLY IMPAIRED *(Legally Blind)*

WHEN YOU REGISTER IN ONE DIVISION, YOU MUST REGISTER ALL EVENTS IN THAT DIVISION

Check at least two, but not more than four events. When Athletes are scheduled for two events with conflicting times, attend the Tournament events first. Otherwise, the Athlete will be disqualified for failure to report for the event on time. **DO NOT** schedule conflicting events!

FRIDAY, MAY 31, 2013

GOLF	GOLF	CHECKERS ALL ATHLETES ONE DIVISION	SHUFFLEBOARD
<input type="checkbox"/> AMBULATORY <i>(18 Holes)</i>	<input type="checkbox"/> VISUALLY IMPAIRED <i>(9 Holes)</i>	<input type="checkbox"/> 8:00 a.m. 55-59 <input type="checkbox"/> 10:00 a.m. 65-69 & 80-84 <input type="checkbox"/> 1:00 p.m. 60-64 & 85+ <input type="checkbox"/> 3:00 p.m. 70-74 & 75-79	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> Noon 65-69 <input type="checkbox"/> 1:30 p.m. 75-79 <input type="checkbox"/> 2:30 p.m. 55-59
Starts at 9:00 a.m.; Ends at 3:00 p.m.	Starts at 9:00 a.m.; Ends at 3:00 p.m.		
All golfers <u>must</u> bring their own clubs.			

SATURDAY, JUNE 1, 2013

SHUFFLEBOARD	CROQUET AMBULATORY DIVISION ONLY	SHOT PUT	DISCUS	JAVELIN
<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED	<input type="checkbox"/> 8:00 a.m. 65-69 <input type="checkbox"/> 1:00 p.m. 60-64 <input type="checkbox"/> 9:00 a.m. 70-74 <input type="checkbox"/> 2:00 p.m. 80-84 & 85+ <input type="checkbox"/> 10:00 a.m. 75-79 <input type="checkbox"/> 3:00 p.m. 55-59	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> 8:00 a.m. - Noon	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> 8:00 a.m. - Noon	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> 8:00 a.m. - Noon
<input type="checkbox"/> 8:00 a.m. 60-64 <input type="checkbox"/> 10:30 a.m. 80-84 & 85+ <input type="checkbox"/> 1:00 p.m. 70-74				

SUNDAY, JUNE 2, 2013

DOMINOES - ALL ATHLETES ONE DIVISION	SWIMMING	HORSESHOES	9-BALL
<input type="checkbox"/> 8:00 a.m. 60-64 & 70-74 <input type="checkbox"/> 10:00 a.m. 65-69 <input type="checkbox"/> 1:00 p.m. 55-59 & 75-79 <input type="checkbox"/> 3:00 p.m. 80-84 & 85+	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED NOTE: May select no more than two swimming events which will count toward two of the total of four events that are allowed. Starts at 10:00 a.m.; Ends at 2:00 p.m. <i>(All age groups)</i> <input type="checkbox"/> FREESTYLE 25 YARD <input type="checkbox"/> FREESTYLE 50 YARD <input type="checkbox"/> BACKSTROKE 25 YARD <input type="checkbox"/> BACKSTROKE 50 YARD	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> Noon 60-64 <input type="checkbox"/> 2:00 p.m. 65-69 <input type="checkbox"/> 3:00 p.m. 70-74	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> 8:00 a.m. 80-84 & 85+ <input type="checkbox"/> 9:00 a.m. 75-79 <input type="checkbox"/> 10:00 a.m. 55-59 <input type="checkbox"/> Noon 65-69 <input type="checkbox"/> 1:00 p.m. 70-74 <input type="checkbox"/> 2:30 p.m. 60-64

MONDAY, JUNE 3, 2013

HORSESHOES	BOWLING	AIR RIFLE AMBULATORY & WHEELCHAIR ATHLETES ONLY - ONE DIVISION	SLED HOCKEY ALL ATHLETES ONE DIVISION
<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> 8:00 a.m. 80-84 & 85+ <input type="checkbox"/> 10:00 a.m. 75-79 <input type="checkbox"/> Noon 55-59	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> WHEELCHAIR ADAPTIVE Starts at 8:00 a.m.; Ends at 5:00 p.m. Wheelchair athletes must throw bowling ball while sitting in wheelchair without the use of adaptive equipment; Wheelchair Adaptive athletes may use ramp, handle ball or stick for assistance.	<input type="checkbox"/> AMBULATORY & WHEELCHAIR ATHLETES ONLY - ONE DIVISION Starts at 8:00 a.m.; Ends at 5:00 p.m.	Exhibition Event <input type="checkbox"/> 9:00 a.m.-11:00 a.m. <input type="checkbox"/> 1:00 p.m.-3:00 p.m.

TUESDAY, JUNE 4, 2013

CYCLING AMBULATORY DIVISION ONLY	TABLE TENNIS	SLED HOCKEY ALL ATHLETES - ONE DIVISION
<input type="checkbox"/> 8:00 a.m. 1/4 Mile <input type="checkbox"/> 10:00 a.m. 1/2 Mile Appropriate footwear must be worn.	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> 8:00 a.m. 60-64 <input type="checkbox"/> 11:30 a.m. 75-79 <input type="checkbox"/> 9:30 a.m. 65-69 <input type="checkbox"/> 1:00 p.m. 55-59 & 70-74+ <input type="checkbox"/> 10:30 a.m. 80-84 & 85+	Exhibition Event <input type="checkbox"/> 9:00 a.m.-11:00 a.m.



Department of Veterans Affairs

CONSENT FOR USE OF PICTURE AND/OR VOICE

CONSENT OF (Name)

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the 'Routine Uses' in the 'VA Privacy Act Systems of Records' published in the Federal Register. A copy of the 'Routine Uses' is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-name individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.)

Department of Veterans Affairs Office of National Veterans Sports Programs and Special Events

While I am (describe the activity, if any to be photographed or recorded)

A participant in an adaptive sport or art therapy program sponsored by the Office of National Veterans Sports Programs and Special Events.

I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made)

Newspapers, radio stations, television stations and other media outlets. In addition, VA may release this information to sponsor organizations of the Office of National Veterans Sports Programs and Special Events.

I understand that the said picture, video and/or voice recording is intended for the following purpose(s):

To promote the positive aspects of recreation therapy, adaptive sports, and art therapy.

I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for such use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.

SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON

DATE

PERMISSION OBTAINED BY (NAME - TITLE - ADDRESS)

SIGNATURE OF INTERVIEWER OR INDIVIDUAL OBTAINING CONSENT

DATE

PRODUCTION TITLE

PRODUCTION NUMBER

Office of National Veterans Sports Programs and Special Events

INDIVIDUAL'S NAME AND ADDRESS

IMPORTANT: This form must always be completed prior to the making or using pictures, video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.



Department of Veterans Affairs

WAIVER & RELEASE OF LIABILITY AND OTHER USE RELEASE

2013 NATIONAL VETERANS GOLDEN AGE GAMES

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.

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.

In consideration of being allowed to participate in the 2013 National Veterans Golden Age Games, related events, and activities, (collectively the "Games"), I, the undersigned, acknowledge, appreciate, and agree that:

1. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in these Games and I voluntarily, without any inducement, elect to participate in the Games. I **KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS**, and assume full responsibility for my participation.

2. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

3. I, for myself and on behalf of my heirs, assigns, personal representatives, administrators, and next of kin, **HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE** the United States Government; the Department of Veterans Affairs ("VA"); VCS; their officers, directors, members, vendors, contractors, agents, and employees; and, any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events and activities; and officials, volunteers, and other participants of the 27th National Veterans Golden Age Games, from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in the Games.

4. I consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

I HAVE READ THIS ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

SIGNATURE (MANDATORY)

DATE SIGNED

NAME PLEASE PRINT (First, MI, Last)

IN CASE OF EMERGENCY, NOTIFY:
NAME

ADDRESS (Street, City, State and Zip Code)

TELEPHONE NUMBER

RELATIONSHIP

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 throughout the Games. Any medication or medical supplies provided on site will be charged back to Athlete's medical facility. Narcotic prescriptions will not be filled.

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

Limited medical assistance will be provided 24-hours a day at the triage clinic in the host site hotel. We will also provide first aid and medical stabilization at the events and activities. Ambulance care will be provided as needed. Should a Veteran have a problem that needs attention or treatment beyond first aid they will be sent to the VA Western New York Healthcare System or the nearest emergency room at a local hospital.

When registering on May 30, 2013, please 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

Please have your VA Primary Care Provider complete the enclosed General Medical Information/Medical Form (VA Form 0926e) enclosed in the packet.



Department of Veterans Affairs

ATHLETES MEDICAL INFORMATION

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

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Dear Provider,
Pending approval, 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 patient require personal ADL assistance, please understand this will not be provided by the VA Western New York Healthcare System and would be a reason not to clear him/her unless he/she is accompanied by a caregiver.

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 <input type="checkbox"/> OTHER (List below)	I HAVE REVIEWED THE ACTIVE PROBLEMS AND CONFIRM THAT THIS LIST IS CURRENT <input type="checkbox"/> YES <input type="checkbox"/> NO
HEIGHT		I HAVE ATTACHED A 12 LEAD EKG (Completed within the last 6 months) (REQUIRED) <input type="checkbox"/> YES <input type="checkbox"/> NO
BLOOD PRESSURE		I HAVE ATTACHED SLEEP STUDY (Required if using a CPAP/BIPAP) <input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ALL ACTIVE MEDICATIONS		I HAVE REVIEWED THE MEDICATIONS LISTED AND THE VETERAN IS TAKING THEM AS DIRECTED <input type="checkbox"/> YES <input type="checkbox"/> NO

LAST ADMISSION	REASON FOR ADMISSION
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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

PPD DATE _____ REQUIRED WITHIN 12 MONTHS IF POSITIVE, SEND CURRENT CHEST X-RAY REPORT TAKEN AFTER POSITIVE PPD

IS THE PATIENT FREE OF COMMUNICABLE DISEASES? (If no, explain) YES NO

CAN HE/SHE TAKE HIS/HER OWN MEDICATIONS? (If no, explain) YES NO

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

VA WESTERN NEW YORK HEALTHCARE SYSTEM 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? (If yes, please provide the name and telephone number of the accompanying caregiver) YES NO

IS THE VETERAN INCONTINENT OF BOWEL? (If yes, please provide the name and telephone number of the accompanying caregiver) YES NO

CAREGIVER NAME	CAREGIVER TELEPHONE NUMBER (Include area code)
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IF THE VETERAN USES A WHEELCHAIR, CAN HE/SHE TRANSFER WITHOUT ASSISTANCE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST ANY DURABLE MEDICAL EQUIPMENT OR 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 AEROBIC EVENTS		
CYCLING		<input type="checkbox"/> YES <input type="checkbox"/> NO
SWIMMING		<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	GOLF <input type="checkbox"/> YES <input type="checkbox"/> NO
BOWLING	<input type="checkbox"/> YES <input type="checkbox"/> NO	HORSESHOES <input type="checkbox"/> YES <input type="checkbox"/> NO
CHECKERS	<input type="checkbox"/> YES <input type="checkbox"/> NO	NINE-BALL <input type="checkbox"/> YES <input type="checkbox"/> NO
CROQUET	<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
JAVELIN	<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>(May 30 to June 4, 2013)</i>	PROVIDER PAGER NUMBER <i>(May 30 to June 4, 2013)</i>