



NATIONAL VETERANS
**WHEELCHAIR
GAMES**

NVWG Registration

Helpful Hints

STEP 1: Complete the **ONLINE REGISTRATION** – OPENS FEB 1st and
CLOSES APRIL 5th - Registration is available on our webpage.

www.wheelchairgames.org

The screenshot shows a web browser window with the URL www.wheelchairgames.org/athletes/registration/. The page features a navigation menu with the following items: ABOUT, ATHLETES, PARTNERS, COMMUNITY, and CONTACT. A dropdown menu is open under 'ATHLETES', listing: Athletes, EDUCATION, EVENT VENUES, NVWGATHOME, REGISTRATION, HOTEL & TRAVEL, and FAQs. A yellow arrow points to the 'REGISTRATION' link. Below the navigation, the page is co-presented by the VA and PVA (Paralyzed Veterans of America). The breadcrumb trail reads: HOME > ATHLETES > REGISTRATION. The main heading is 'REGISTRATION INFORMATION' with a sub-heading '2023 Information'. The text below states: 'Registration opens February 1 through April 5, 2023.'

Tips:

- ✓ Use Google Chrome or Edge (not Internet Explorer)
- ✓ Use a PC - NOT a phone or tablet
- ✓ Returning athletes – DO NOT start a new registration – FIRST try to reset your password
- ✓ Forgot your e-mail with your account? Contact NVWGregistration@pva.org
- ✓ NEW athletes – must be able to access e-mail linking your account – to verify & complete the next steps.

CO-PRESENTED BY:



VA



U.S. Department
of Veterans Affairs



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STEP 2: MEDICAL CLEARANCE - Schedule your medical appointment for your medical clearance – all areas need to be completed.

Tips:

- ✓ Medical Clearance Forms are available on the app and webpage starting in November each year so Veterans can schedule medical appointments
- ✓ Medical Clearance must be by a Physician, Physician Assistant or Nurse Practitioner. Doctor of Physical Therapy cannot provide your medical clearance.
- ✓ New Athletes MUST have the neuro muscular exam completed, can be done by physical therapist or occupational therapist.

ATHLETE (VETERAN OR DEPT USE ONLY) OMB Number: 2000-0750 Expiration Date: 3/31/2025 Response Burden: 30 minutes

Department of Veterans Affairs GENERAL MEDICAL FORM

TO BE COMPLETED BY PARTICIPANT. PLEASE TYPE OR PRINT CLEARLY.

PHYSICAL FORM

VETERANS FIRST AND LAST NAME: SMITH, JENNIFER

**Please do not leave any area blank*

WEIGHT: _____ HEIGHT: _____ LIMBS: _____ HEART: _____ SKIN: _____

OTHER FINDINGS: _____

PRESENT AND PAST MEDICAL HISTORY AND MAJOR OPERATIONS (Diagnosis, Date of onset, Approximate, etc.): _____

IS THE PATIENT ON DIALYSIS? (Patient is responsible for arising up any dialysis treatment needed) YES NO

IS THE PATIENT ON A VENTILATOR? YES NO

IS THE PATIENT ON ANTICOAGULANT DRUGS? (If yes, see below) YES NO

PHYSICIAN CLEARANCE

In my opinion, the above individual is cleared to participate in the events they have indicated on their NVWG registration.

PHYSICIAN INFORMATION

VA NON-VA

NAME OF EXAMINING PROVIDER (Please print) (Check appropriate box) MD PA NP

**Make sure legible so we can contact*

ADDRESS (Street, City, State and Zip Code): _____

SIGNATURE OF EXAMINING PROVIDER **MUST be a wet or VA PIV card signature - NO typed signatures*

TELEPHONE NUMBER: _____ DATE: _____ **Date of visit / signature*

Mayam it only if copy of current NVWG Classification card is provided.

This section must be completed by someone familiar with the athlete's medical, physical, psychological, or occupational therapist.

REQUIRED FOR ALL NEW & temporarily classified athletes

NEURO EXAM (Manual muscle test, 0-4)

UPPER EXTREMITY	RIGHT	LEFT	LOWER EXTREMITY	RIGHT	LEFT
DELTOID			HIP FLEXION		
BICEPS			HIP EXTENSION		
WRIST EXTENSION			HIP ADDUCTION		
WRIST FLEXION			HIP ABDUCTION		
TRICEPS			KNEE FLEXION		
FINGER EXTENSION			KNEE EXTENSION		
FINGER FLEXION			DOORS FLEXION		
FINGER ABDADD			PLANTAR FLEXION		

SITTING BALANCE (Please check one) NORMAL FAR POOR NONE

HANDIENESS (Please check one) RIGHT LEFT

TRUNK (0-5 scale) UPPER LOWER

ABDOMINALS SPINAL EXTENSORS

** Do not draw lines above, enter score on each line - must be complete to assign a temporary classification for new athletes.*

VA FORM 0925b, OCT 2016 **0925b** PAGE 1 OF 2

VA FORM 0925b, OCT 2016, page 2 PAGE 2 OF 2



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STEP 3: Submit your MEDICAL & PHYSICAL FORM (2 pages) , include a copy of your VA ID card. Do NOT mail, all applications will be submitted electronically via VA Box.

2023 NVWG Application UPLOAD

STEP 4: Check the Status of Your Application. Log in and click “Print Summary”

Co-presented by: **VA**

Registration Information

Confirmation	Group	Team Name	First Name	Last Name	Address 1	Address 2	City	State	Zip	Ath #	Division
28832	Portland Events	Northwe		GOEDHARD	VA Anywhere USA		SEATTLE	WA	98108		Novice


NATIONAL VETERANS
**WHEELCHAIR
GAMES**

REGISTRATION
COMPETIT

January 24, 2023

KRISTINE GOEDHARD
VA Anywhere USA
SEATTLE, WA 98108

Eligibility Status: Processing

CO-PRESENTED BY:



VA



U.S. Department
of Veterans Affairs