

VETERANS HONOR FLIGHT APPLICATION

Application - Please Print & Return Both Pages

BASIC INFORMATION:

YOUR NAME _____ PREFERRED NAME _____

(First, Middle, Last Name as shown on Driver's License or Government ID)

ADDRESS _____ SPOUSE _____

CITY _____ STATE _____ ZIP _____ BEST PHONE _____

EMAIL _____ DATE OF BIRTH _____

MEDICAL EQUIPMENT USED:

CANE _____ WALKER _____ WHEELCHAIR _____ SCOOTER _____ OTHER _____

SHIRT SIZE:

SMALL _____ MEDIUM _____ LARGE _____ X-LARGE _____ 2X-LARGE _____ 3X-LARGE _____

SERVICE HISTORY:

BRANCH OF SERVICE _____ RANK _____ INCLUDE COPY OF DD-214 _____

ACTIVE DUTY

ACTIVITY: _____

EMERGENCY CONTACT INFORMATION (Someone available to you on the day you travel):

NAME _____ RELATIONSHIP _____

BEST PHONE _____ ALERNATE PHONE _____

PLEASE REVIEW CAREFULLY AND SIGN:

I acknowledge and agree that:

1. Photographic and video equipment may be used to memorialize and document the trip to Washington D.C. and your image may consequently appear in a public forum, such as the media or a website, to acknowledge, promote, or advance this cause. I hereby release the photographer and anyone associated with the Veterans Honor Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during this trip and related activities to be used solely for the purposes of future promotional materials and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is my responsibility and I understand that no one individual or organization associated with the trip provides medical care. I also understand that I accept all risks associated with travel and will not hold Honor Flight, Patriotic Productions, Midlands Community Foundation or any person or organization appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

Signed by Veteran

Month/Day/Year

APPLICATION WILL NOT BE ACCEPTED WITHOUT MEDICAL INFORMATION ON 2ND PAGE

Central Iowa Honor Flight
P.O. Box 125
Council Bluffs, IA 51502-0125

Veteran Name: _____

MEDICAL: Information provided will NOT disqualify you.

It permits us to assess the support we need during the trip. This information is for our personnel only.

1. Do you have any drug allergies? _____
2. Do you have a history of seizures? Yes___ No___
 - a. If Yes, please describe what type (grand mal, petit mal, other): _____
 - b. When was the last seizure? _____ (if within the past five years, you are **STRONGLY** advised to discuss this trip with your physician.)
3. Do you have problems with motion sickness? Yes___ No___
 - a. If Yes, is it controlled with medications? Yes___ No___ (If motion sickness is not controlled with medication, it is strongly advised you discuss the trip with your doctor.)
4. Do you have breathing problems? Yes___ No___
 - a. If Yes, please describe: _____
5. Do you use a home nebulizer? Yes___ No___
 - a. If Yes, please discuss the use of a hand-held nebulizer during the trip with your doctor.
6. Do you use OXYGEN at any time? Yes___ No___
 - a. If Yes, you will need your private physician to write a prescription for oxygen to be used during the flight and during the trip. Oxygen will be provided. The prescription should be turned in with the application.
7. Do you have a problem walking the length of a football field without assistance? Yes___ No___
 - a. If Yes, please describe the reason (lung problems, arthritis, heart problems) _____
8. Do you have a history of open head injuries, sinus problems, or ear problems? Yes___ No___
 - a. If Yes, have you flown since any of these problems occurred? Yes___ No___
 - i. If Yes, did you have any problems? Yes___ No___
 - ii. If Yes, it is **STRONGLY** advised you discuss the trip with your private physician. If you have **NEVER** flown since the injury, again, it is **STRONGLY** suggested that you discuss the trip with your doctor.
9. Do you have a urostomy or colostomy bag? Yes___ No___
 - a. If Yes, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, please discuss this issue with your doctor.

Additional comments or concerns:

Medication(s):	How Often Taken:	Medication(s):	How Often Taken:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(If you need more space, please attach list on additional sheet of paper.)

Signed by Veteran

Month/Day/Year

Central Iowa Honor Flight
P.O. Box 125
Council Bluffs, IA 51502-0125