

FOR HONOR FLIGHT USE ONLY Last Name: _____ Date Received: _____ / _____ / _____

Veteran Application

Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at no cost. Top priority (for which we are currently accepting application only) is given to WW II and terminally ill veterans from all wars. In the future, Honor Flight will be expanded to include Korean and Vietnam veterans. In order for Honor Flight to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at Honor Flight. For Eastern Iowa Honor Flight information, please email Mary Clapp at info@eihonorflight.org or call at (319) 373-5138. Our website is <http://www.eihonorflight.org>.

YOUR NAME: _____ NICK NAME: _____
(As it appears on your ID for airline travel) (If Applicable)

ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ WEIGHT: _____ AGE: _____

Preferred departing airport: _____ SHIRT SIZE: (S, M, L, XL, XXL, XXXL) _____ Birth date (M/D/Y) _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

ALTERNATE CONTACT (son, daughter, etc): NAME: _____

PHONE: _____ E-MAIL: _____ RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

HOME TOWN (from which city and state did you enter the service?): _____

ACTIVITY DURING WWII: _____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you use mobility equipment? YES or NO. If YES, please circle one: **CANE WALKER WHEELCHAIR SCOOTER**

MEDICATIONS (name and how often you take it):

MEDICATION	TAKEN HOW OFTEN?	MEDICATION TAKEN	HOW OFTEN?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any drug allergies? _____

Do you have a history of seizure? YES NO. Please describe what type (i.e. grand mal, petit mal, other) _____.

When was your last seizure? _____. If within 5 years, STRONGLY advised you discuss trip with your private physician!

PLEASE COMPLETE BACK PAGE

Do you have problems with **motion sickness** (*sea or air*)? YES NO. If yes, is it controlled with medications? YES NO
If medications don't control motion sickness, it is **STRONGLY** advised you discuss the trip with your private physician!

Do you have any **breathing problems**? YES NO. If YES, describe: _____

Do you use a home nebulizer machine? YES NO. If YES, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

Do you use **oxygen** at any time? YES NO. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. Prescription should be turned in with your application.
Do you have a **problem walking** the length of a football field without assistance? YES NO. If yes, describe the reason (*e.g. lung problems, arthritis, heart problems, etc.*): _____

Do you have a history of **open head injuries, sinus problems, or ear problems**? YES NO. If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO. If YES, did you have any problems? YES NO If YES, it is **STRONGLY** advised you discuss the trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you discuss the trip with your private physician.

Do you have a **urostomy or colostomy bag**? YES NO. If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

Additional Comments or Concerns: _____

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Honor Flight** trips and events, his/her image may appear in a public forum, such as the media or a website, to acknowledge, promote or advance the work of the **Honor Flight** program. I hereby release the photographer and **Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Honor Flight** promotional material and publications, and waive any rights or compensation or ownership thereto.

2. I further state that medical insurance is the responsibility of the veteran and I understand that **Honor Flight** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program

SIGNED: _____

MO/DAY/YEAR: ____/____/____ (E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to:

Eastern Iowa Honor Flight
c/o American Legion #298
625 31st Street
Marion, IA 52302-0194
Or e-mail to: info@eihonorflight.org
Or fax to:

Eastern Iowa Honor Flight is an official Hub of the Honor Flight Network, www.eihonorflight.org