



FOR OLD GLORY HONOR FLIGHT USE ONLY
DR: ____/____/____

OLD GLORY HONOR FLIGHT Veteran Application

Old Glory 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 is given to WW II and terminally ill veterans from **all** wars. In the future, *Old Glory Honor Flight* will be expanded to include Korean and Vietnam veterans. In order for *Old Glory Honor Flight* to achieve its goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a **safe**, memorable, and rewarding experience.

For more information, please contact us at 1-888-6FLY-VET or visit us at www.oldgloryhonorflight.org

YOUR FULL NAME: _____ NICK NAME? _____
(PLEASE PRINT YOUR FIRST, MIDDLE & LAST NAME)

ADDRESS: _____

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: (DAY) _____ (EVENING) _____ (CELL PHONE): _____

EMAIL ADDRESS: _____ WEIGHT: _____ AGE: _____ DOB: _____

HOW DID YOU HEAR ABOUT OLD GLORY HONOR FLIGHT? _____

BRANCH OF SERVICE: _____ RANK: _____ DATES OF SERVICE: _____

DUTIES DURING THE WAR? _____

LOCATION DURING THE WAR? _____

WHAT WOULD YOU LIKE OTHERS TO KNOW ABOUT THE WAR? _____

WOULD YOU BE ABLE TO SUPPLY A PICTURE OF YOURSELF WHEN YOU WERE IN SERVICE? YES NO
IF YES, PLEASE SUBMIT A COPY OF YOUR PICTURE ALONG WITH THIS SUBMISSION. **MAKE SURE IT'S NOT AN ORIGINAL AND IT HAS YOUR FULL NAME ON THE BACK OF THE PRINT. PLEASE NOTE, PHOTOS WILL NOT BE RETURNED.**

SHIRT SIZE: S, M, L, XL, XXL, XXXL

EMERGENCY CONTACT INFORMATION (SOMEONE AVAILABLE THE DAY YOU TRAVEL):

NAME: _____ RELATIONSHIP: _____ ADDRESS: _____

PHONE: _____ CELL PHONE: _____

ALTERNATE CONTACT (SPOUSE, CHILD, FRIEND)

NAME: _____ RELATIONSHIP: _____ ADDRESS: _____

PHONE: _____ CELL PHONE: _____ EMAIL ADDRESS: _____

MEDICAL INFORMATION: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. THIS INFORMATION PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFORMATION IS FOR *THE OLD GLORY HONOR FLIGHT* AND ITS MEDICAL PERSONNEL ONLY.

DO YOU CURRENTLY HAVE A HEALTH CARE POWER OF ATTORNEY? YES NO I DON'T KNOW
A HEALTH CARE POWER OF ATTORNEY SHOULD BE SIGNED WELL BEFORE FLIGHT DATE. WE WILL PROVIDE ONE FOR YOU IF YOU NEED ONE.

YOU ARE STRONGLY ENCOURAGED TO DISCUSS THIS TRIP WITH YOUR PRIVATE PHYSICIAN!

DO YOU USE (PLEASE CIRCLE ALL THAT APPLY) CANE WALKER WHEELCHAIR OR SCOOTER?

DO YOU HAVE A PROBLEM WALKING THE LENGTH OF A FOOTBALL FIELD WITHOUT ASSISTANCE? YES NO

DO YOU FEEL AFTER A FULL DAY OF ACTIVITIES THAT IF YOU DO NOT CURRENTLY USE A WHEELCHAIR THAT YOU MAY NEED TO USE ONE BY THE END OF THE DAY? YES NO

PLEASE LIST ALL CURRENT MEDICATIONS, DOSE, & TAKEN HOW OFTEN

- | | |
|----------|-----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |
| 7. _____ | 8. _____ |
| 9. _____ | 10. _____ |

DO YOU HAVE ANY DRUG ALLERGIES? YES NO

DO YOU HAVE A HISTORY OF SEIZURES?

PLEASE DESCRIBE WHAT TYPE (GRAND MAL, PETIT MAL, ETC) _____
WHEN WAS YOUR LAST SEIZURE? DATE: _____

DO YOU HAVE PROBLEMS WITH MOTION SICKNESS? YES NO

DO YOU FORESEE ANY PROBLEMS WITH MOTION SICKNESS WHILE FLYING OR ON THE BUS TOUR? YES NO

DO YOU HAVE ANY BREATHING PROBLEMS? YES NO

IF YES, DO YOU USE A HOME NEBULIZER? YES NO

IF YES, DO YOU OWN A HANDHELD PORTABLE NEBULIZER? YES NO

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. THE PRESCRIPTION SHOULD BE TURNED IN WELL IN ADVANCE OF THE FLIGHT.

DO YOU HAVE A HISTORY OF OPEN HEAD INJURIES, SINUS OR EAR PROBLEMS? YES NO

IF YES, HAVE YOU FLOWN SINCE THE OPEN HEAD INJURY, SINUS OR EAR PROBLEMS OCCURRED? YES NO

IF YOU HAVE NEVER FLOWN SINCE THE OPEN HEAD INJURY, SINUS OR EAR PROBLEMS OCCURRED, WE STRONGLY ADVISE YOU TO DISCUSS THE TRIP WITH YOUR PRIVATE PHYSICIAN.

DO YOU HAVE A COLOSTOMY OR UROSTOMY BAG? YES NO

IF YES, PLEASE MAKE SURE THE BAG IS VENTED PRIOR TO FLIGHT

ADDITIONAL COMMENTS OR CONCERNS REGARDING THE OLD GLORY HONOR FLIGHT:

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. I hereby give permission for my images captured during Honor Flight activities through video, photo, website, or other media, to be used solely for the purposes of Honor Flight promotional material and publications, and waive my rights of compensation or ownership.
2. I further state that medical insurance is the responsibility of the veteran and I understand that neither Honor Flight nor the aircraft provider provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the flight provider or any person/group for any injuries incurred while participating in the Honor Flight Program. We strongly recommend you discuss this trip with your private physician prior to flight date.

SIGNED:

Date: _____

Please submit this form to:

OLD GLORY HONOR FLIGHT INC.
ATTN: DIANE MACDONALD
4650 W. SPENCER ST
APPLETON, WI 54914

ONCE WE REVIEW THIS INFORMATION YOU WILL BE CONTACTED BY THE OLD GLORY HONOR FLIGHT STAFF TO REVIEW DETAILS AND ANSWER ANY QUESTIONS YOU MAY HAVE.
PLEASE CALL 1-888-6FLY-VET FOR MORE INFORMATION.

revised 8/24/09