



Rochester, NY Hub

Veteran Application

FOR HONOR FLIGHT USE ONLY Last Name: _____

Date Received: _____ / _____ / _____

Honor Flight recognizes you, an American Veteran, 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 applications only) is given to WW II and terminally ill veterans from any era. In the future, *Honor Flight* will be expanded to include Korean and then Vietnam veterans. In order for *Honor Flight* to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans with 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*.

YOUR FULL NAME: _____
(As it appears on your ID for airline travel)

NICK NAME: *(If Applicable)* _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

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

E-MAIL Address: *(Please Print CLEARLY)* _____

We acknowledge receipt of applications ONLY by e-mail. As one option, list a family member's email address.

1) Weight: _____ 2) Age: _____

3) How Did You Hear About Honor Flight?

4) Tee Shirt Size: (circle one)
S M L XL XXL XXXL

5) **ALTERNATE CONTACT** *(son, daughter, etc):*

Name: _____

Phone: _____

E-Mail: _____

Relationship: _____

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

NAME: _____

Relationship: _____

Address: _____

PHONE: Day: _____

Evening: _____

Cell Phone: _____

7) **SERVICE HISTORY:**

Branch of Service: _____

Rank: _____

Home Town (from which city and state did you enter the service?) _____

ACTIVITY DURING WWII: _____



Rochester, NY Hub

Veteran Application

MEDICAL: Information you provide is for Honor Flight and medical personnel use ONLY, and is handled in complete confidentiality. Information provided will not disqualify you from travel, but permits us to assess the support we need to provide during your trip.

8) Do you use **mobility equipment**? Yes__ No__
If YES, please circle device:
Cane Walker Wheelchair Scooter

14) Do you have **breathing problems**? Yes__ No__
Explain: _____

9) **MEDICATIONS** (name and how often you take it)

MEDICATION TAKEN HOW OFTEN?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Use back or attach another page if necessary

15) 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.

16) 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 with this application.

10) Do you have any **drug allergies**? Yes__ No__
Explain: _____

17) Do you have a **problem walking** the length of a football field without assistance? Yes__ No__
Explain (lung problems, arthritis, heart problems?)

11) Do you have a **diagnosed medical condition**?
Yes__ No__ Explain: _____

12) Do you have a history of **seizure**? Yes__ No__
Please describe (i.e., grand mal, petit mal, other)

When was your last seizure? _____
If within past 5 years, it is **STRONGLY** advised that you discuss this trip with your private physician!

18) 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, or if you have **NEVER** flown since open head injury, sinus or ear problems, we **STRONGLY** advise you discuss the trip with your private physician.

13) Do you have problems with **motion sickness** (sea or air)? Yes__ No__
If yes, is it controlled by medication? Yes__ No__
If motion sickness is not controlled by medication, it is **STRONGLY** advised you discuss the trip with your private physician!

19) Do you use 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.



Rochester, NY Hub

Veteran Application

Page 3

Are there other Veterans you want to travel with?
Yes No

Additional Comments or Concerns: _____

How many are in the group? _____
Please list their names:

Use Back of Page if Necessary

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, images of veterans may appear in a public forum, such as the media or on a website, to acknowledge, promote or advance the work of *Honor Flight*.

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* promotions and publications, and waive any rights of compensation or ownership thereto.

2. I further acknowledge 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 I may incur while participating in the *Honor Flight* program.

SIGNED: _____

Date: _____

Please submit your completed and signed application to:

**Honor Flight – Rochester, Inc.
ATTN: Veteran Application
P.O. Box 23581
Rochester NY 14692**

Visit us at www.HonorFlightRochester.org