



Honor Flight Houston use only: Name: _____ Date recvd: _____

Veteran Application

Honor Flight Houston 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 WWII and terminally ill veterans from **all** wars. Currently, **Honor Flight Houston** is accepting applications for Korean and Vietnam veterans. 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 Houston**. For further information, please contact us at (281)652-5072 or visit us at www.honorflighthouston.org.

YOUR NAME: _____ **NICK NAME:** _____
(Please List Your First, Middle & Last Name as it appears on your driver's license or government ID.) (If Applicable)

ADDRESS: _____ **GENDER:** M F

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

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

E-MAIL ADDRESS: _____

WEIGHT: _____ **AGE:** _____ **DOB:** _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

TEE SHIRT SIZE: S M L XL XXL XXXL

PREFERRED DEPARTING AIRPORT: _____

Do you have a preferred Guardian : Y N If Yes, name and relation : _____

*Family Guardians are placed as medically needed, we cannot guarantee Guardian placement

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:

World War II Korea Vietnam Other _____

Branch of Service: _____ **Rank:** _____

Dates Served: From: _____ To: _____

Activity During Service:

Units in which you served: _____

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

Do you use mobility equipment? YES NO. Do you smoke cigarettes: _____ (Y/N)

If YES: CANE WALKER WHEELCHAIR SCOOTER

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

Do you have a **Pacemaker**? Yes No **Defibrillator**? Yes No **Prosthetics**? Yes No
Are you **diabetic**? Yes No If yes, do you take insulin? Yes No Self-inject? Yes No

Are you currently taking medication for **dementia and/or Alzheimer's**? Yes No

Do you have any **drug allergies**? _____

Do you have any **food allergies or dietary needs**? _____

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 past 5 years, STRONGLY advised you discuss trip with your private physician.

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

Do you have any **breathing problems**? YES NO. If YES, please 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, do you use it full time Night only As needed. What is the delivery rate? _____ LPM.
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 the application.

Do you have a **problem walking** the length of a football field without assistance? YES NO. If yes, please 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.

Have you flown with an Honor Flight prior to applying with Honor Flight Houston? YES NO If YES, which hub? _____

Additional Comments or Concerns: _____

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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 Houston* 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 Houston* program. I hereby release the photographer and *Honor Flight Houston* from all claims and liability relating to said photographs. I hereby give permission for my images captured during *Honor Flight Houston* activities through video, photo, or other media, to be used solely for the purposes of *Honor Flight Houston* 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 neither *Honor Flight Houston* nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other *Honor Flight Houston* activities and will not hold *Honor Flight Houston*, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of *Honor Flight Houston* responsible for any injuries incurred by me while participating in the *Honor Flight Houston* program.

SIGNED: _____

DATE: ____/____/____

Please submit this form to:

**Honor Flight Houston
ATTN: Veteran Application
PO Box 73145
Houston, Texas 77273
(281)652-5072**

Or E-mail to: veterans@honorflighthouston.org