



HONOR FLIGHT HOUSTON Use Only-Name: _____ Date Recv'd: _____

VETERAN APPLICATION

Honor Flight Houston recognizes American veterans for your achievements and sacrifices by flying you to Washington, D.C. 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 WWII, Korean and Vietnam War 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: _____ **NICKNAME:** _____

(Please list your First, Middle, and Last Name as it appears on your driver's license or government ID) If applicable

STREET ADDRESS: _____

CITY: _____ **COUNTY:** _____ **ST:** _____ **ZIP:** _____

PHONE: HOME: _____ **CELL:** _____ **OTHER:** _____

EMAIL ADDRESS: _____ **DATE OF BIRTH:** _____

AGE: _____ **WEIGHT:** _____ **GENDER:** M F / **TEE SHIRT SIZE:** S M L XL 2X 3X

SERVICE HISTORY:

World War II Korea Vietnam Other: _____

Branch of Service: _____ Rank: _____

Dates Served: From: _____ To: _____

Activity During Service (*Including Where Served*): _____

Medals/Commendations/Recognitions: _____

Have you flown with an Honor Flight prior to applying with Honor Flight Houston? Yes No

If Yes, which hub? _____

Do you have a preferred Guardian*? Yes No If Yes, Name & Relation: _____

*Family Guardians may be placed as medically needed, however we cannot guarantee Guardian placement

EMERGENCY CONTACT INFORMATION (Someone available the days you are traveling):

Name: _____ Relationship: _____

Address: _____

PHONE: Cell: _____ Home: _____ Other: _____

Email: _____

ALTERNATE CONTACT I (Son, Daughter, etc... *Please DO NOT list same person above*):

Name: _____ Relationship: _____

PHONE: Cell: _____ Home: _____ Other: _____

Email: _____

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 If Yes: Cane Walker Wheelchair

Do you smoke cigarettes? Yes No

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

Do you have a **Pacemaker**? Y N **Defibrillator**? Y N **Prosthetics**? Y N

Are you **diabetic**? Y N If yes, do you take **insulin**? Y N Self-Inject? Y N

Any **drug allergies**? Y N If Yes, please list: _____

Any **food allergies or dietary needs**? Y N If Yes, please list: _____

Do you have any **breathing problems**? Y N If Yes, please describe : _____

Do you use **oxygen** at any time? Y N 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? Y N If yes, please describe reason (e.g. lung problems, arthritis, heart problems, etc...): _____

Are you currently taking medication for **dementia and/or Alzheimer's** ? Y N

Do you have a history of **seizure**? Y N If Yes, what type (i.e. grand mal, petit mal, other) _____

When was your last seizure? _____ If within past 5 years, STRONGLY advise discussing trip with your private physician.

Do you have any problems with **motion sickness** (sea or air)? Y N If Yes, is it controlled with medications? Y N

If motion sickness is not controlled with medications, it is STRONGLY advised discussing the trip with your private physician

Do you have a **urostomy or colostomy bag**? Y N 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.

Do you have a history of **open head injuries, sinus problems, or ear problems** ? Y N If Yes, have you flown since the open head injury, sinus or ear problems? Y N. If Yes, did you have any problems? Y N If Yes, we STRONGLY advise you discuss the trip with your private physician. If you have NEVER flown since the open head, sinus

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 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** activity 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 SIGNED FORM TO:

Honor Flight Houston
Attn: Veteran Application
PO Box 73145
Houston, TX 77273
281-652-5072

Or Email to: Veterans@HonorFlightHouston.org