

FOR HONOR FLIGHT USE ONLY Last Name: \_\_\_\_\_ Date Received: \_\_\_/\_\_\_/\_\_\_

## Veteran Application

Honor Flight Northwest Georgia recognizes WWII 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 applications, is given to WWII veterans. In order for Honor Flight Northwest Georgia 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 Northwest Georgia. Please visit [www.HonorFlightNorthwestGeorgia.com](http://www.HonorFlightNorthwestGeorgia.com)

YOUR NAME: \_\_\_\_\_

(As it appears on your ID for airline travel)

NICK NAME: \_\_\_\_\_

(If Applicable)

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ AGE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT HONOR FLIGHT? \_\_\_\_\_

TEE SHIRT SIZE: (S, M, L, XL, XXL, XXXL) \_\_\_\_\_

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: \_\_\_\_\_

Cell: \_\_\_\_\_ Other: \_\_\_\_\_

SERVICE HISTORY: BRANCH OF SERVICE: \_\_\_\_\_

RANK: \_\_\_\_\_

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

ACTIVITY DURING WWII: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEDICAL HISTORY:

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

Do you use mobility equipment? (Please circle) YES NO

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (name and how often you take it):

MEDICATION TAKEN HOW OFTEN?

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

Do you have any drug allergies? \_\_\_\_\_

Do you have a history of seizure? (Please circle) YES NO

If YES, please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_

When was your last seizure? \_\_\_\_\_

If within the past 5 years, you must discuss this 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, you must discuss this 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 must discuss this 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. 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: (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? YES NO

If YES, did you have any problems during or surrounding the flight? YES NO

If YES, you must discuss this trip with your private physician.

If you have NEVER flown since the open head injury, sinus or ear problems, again you must 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, you must discuss this issue with your private physician.

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 Northwest Georgia 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 Northwest Georgia does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Northwest Georgia activities and will not hold Honor Flight Northwest Georgia responsible for any injuries incurred by me while participating in the Honor Flight Northwest Georgia program.

SIGNED: \_\_\_\_\_

PRINTED NAME: \_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_

Please submit your completed form to:

Honor Flight Northwest Georgia  
ATTN: Veteran Application  
P.O. Box 4121  
Cartersville, GA 30120