

FOR HONOR FLIGHT USE ONLY

Last Name: _____

Date Received: _____

HONOR FLIGHT NEW ENGLAND

Veteran Application for Honor Flight

Honor Flight recognizes American Veterans for your sacrifices and achievement 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 and terminally ill veterans from **all** wars. In order for *Honor Flight* to achieve this goal, escorts fly with the Veterans on every flight providing assistance and helping Veterans have a **safe**, memorable and rewarding experience. Please consider this a small token of appreciation from all of us at *Honor Flight New England* for what you and your comrades have given to us. For further information, please contact us at 603-518-5368 or visit our website at www.HonorFlightNewEngland.org.

Veterans are responsible for obtaining transportation to and from the airport on the date of the flight.

I AM A VETERAN OF WWII: _____ **KOREA:** _____ **Vietnam:** _____

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

First

Middle Initial

Last

NICKNAME (if applicable): _____

ADDRESS: _____ **DATE:** _____

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

PHONE: Daytime: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ **Birthdate:** _____

WEIGHT: _____ **AGE:** _____

How did you learn about the Honor Flight organization? _____

T-Shirt Size: (S, M, L, XL, XXL, XXXL) _____

ALTERNATE CONTACT INFORMATION (Spouse, Son, Daughter, etc.):

NAME: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ **Relationship:** _____

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

NAME: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ **Relationship:** _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

DATES SERVED: _____

HOMETOWN (from which City and State did you enter the service): _____

ACTIVITY WHILE SERVING (attach separate sheet if needed): _____

TELL US ABOUT YOUR LIFE AFTER YOUR SERVICE TO OUR COUNTRY (attach separate sheet as needed): _____

MEDICAL: This information is necessary so we may provide you with the appropriate medical support during your trip. This information is for Honor Flight 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?
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(If more room is needed for medications, please continue on an additional sheet of paper)

1. **Drug Allergies** (Please list):

2. **Food Allergies** (Please list):

3. Do you have a history of **seizures**? YES NO

If yes, please describe what type (i.e., grand mal, petit mal, other): _____

What was the date of your last seizure? _____. If within the past 5 years, we STRONGLY advise you to discuss this trip with your private physician!

4. Do you have problems with **motion sickness** (Car 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!

5. Do you have **breathing problems**? YES NO

If yes, please describe: _____

6. 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.

7. Do you use **oxygen** at any time? YES NO

If yes, you will need your private physician to write a prescription for a battery operated oxygen concentrator to be used during the flight. Please include Rate of Flow (i.e. 2 liters per minute), Duration (i.e. intermittent, as needed, continuous) and Delivery Method (i.e. nasal, cannula, mask). Oxygen cylinders will be available while in Washington D.C.

8. 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.): _____

9. 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, we STRONGLY advise you discuss this trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, we again STRONGLY advise you to discuss the trip with your private physician.

10. 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.

11. Do you need an escort for mobility or medical reasons? YES NO

If yes, please describe the reason: _____

12. Have you received a diagnosis involving memory impairment? YES NO

13. Do you have a Do Not Resuscitate order? YES NO

14. I have received the COVID19 Vaccination and have enclosed a copy: YES NO

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*** 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*** 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 incurred by me while participating in the ***Honor Flight*** program. I also agree that if I am selected I will only travel on the means of transportation that is specifically selected and authorized by ***Honor Flight New England***.
3. **Veterans are responsible for obtaining transportation to and from the airport on the date of the flight.**

WHICH AIRPORT DO YOU PREFER? MANCHESTER:_____ **LOGAN:**_____

Veteran Signature

Printed Name

Date

Please submit this form to: Honor Flight New England
 PO Box 16287
 Hooksett, NH 03106

Please call Joe Byron at 603-518-5368 if you have any questions.