



## Honor Flight Upstate South Carolina Veteran Application



**Honor Flight** 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 WW II and terminally ill veterans from **all** wars. In order for **Honor Flight** 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**. For more information, please call **(864) 869.VETS (8387)**.

**YOUR NAME:** \_\_\_\_\_ Preferred: \_\_\_\_\_  
(Full name as it appears on government ID) (For Name Tag)

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State :** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**E-mail Address:** \_\_\_\_\_ **How did you hear about Honor Flight?** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **T-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) **Spouses cannot accompany to D.C.**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone: Day:** \_\_\_\_\_ **Evening:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**SERVICE HISTORY** | **Dates of Service:** \_\_\_\_\_ **Branch of Service :** \_\_\_\_\_

**Rank:** \_\_\_\_\_ **Home Town:** (from which city and state did you enter the service?): \_\_\_\_\_

**War your served in:** WWII \_\_\_\_\_ **Korea** \_\_\_\_\_ **Have you been to Washington, DC to see WWII/Korea Memorial?** \_\_\_\_\_

**Activity during WWII or Korea:** \_\_\_\_\_

**MEDICAL:** Information provided will **NOT** disqualify you. It permits us to assess the support we need during the trip.

Information is for Honor Flight and Medical Personnel only.

• Name & phone # of your physician: \_\_\_\_\_

• Do you use mobility equipment? **Yes** **No**. If Yes, please circle device: Cane, Walker, Wheelchair, Scooter

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

<u>MEDICATION</u>	<u>TAKEN HOW OFTEN?</u>	<u>MEDICATION</u>	<u>TAKEN HOW OFTEN?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

• **Do you take blood thinners or aspirin?** Yes \_\_\_\_\_ No \_\_\_\_\_ **If Yes, how often?** \_\_\_\_\_

- 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**? **Yes No**. If yes, controlled with medication? **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, 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.
- Would 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**. Have you flown without problems since the open head injury, sinus or ear problems occurred? **Yes No**. It is **strongly** advised you discuss the trip with your private physician, let him know you will be flying, if you have had an open head injury, sinus or ear problems.
- 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.

**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.

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(E-mail applicants will be required to sign prior to actual flight date)

**Forms may be mailed, e-mailed or faxed as indicated below:**

**mail:** Honor Flight Upstate  
Attn: Veteran Application  
P.O. Box 838  
Simpsonville, SC 29681

**e-mail:** [vets2dc@gmail.com](mailto:vets2dc@gmail.com)