

Emergency Contact

NAME: (As it appears on their driver's license or government ID.)

ADDRESS:

STATE:

ZIP CODE:

PHONE: (Day)

PHONE: (Night)

MOBILE:

EMAIL:

Service History

BRANCH OF SERVICE:

RANK:

DATES OF ACTIVE DUTY SERVICE: (Month/Year)

TO: (Month/Year)

HOMETOWN:

ACTIVITY DURING WWII/KOREAN OR VIETNAM WAR:

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 AND MEDICAL PERSONNEL ONLY.

DO YOU USE MOBILITY EQUIPMENT? (Circle One) Yes / No IF YES, PLEASE CIRCLE DEVICE: Cane / Walker / Wheelchair / Scooter

DO YOU REQUIRE A HANDICAP ACCESSIBLE HOTEL ROOM? (Circle One) Yes / No

ARE YOU CURRENTLY RECEIVING CARE FROM A VA MEDICAL CENTER/CLINIC? (Circle One) Yes / No IF YES, WHERE?

DO YOU HAVE ANY DRUG ALLERGIES?

DO YOU HAVE A HISTORY OF SEIZURE? (Circle One) Yes / No PLEASE DESCRIBE WHAT TYPE (i.e. grand mal, petit mal, other)

WHEN WAS YOUR LAST SEIZURE?

► If within past 5 years, **STRONGLY** advise you discuss the trip with your private physician!

Medical History

DO YOU HAVE PROBLEMS WITH MOTION SICKNESS (SEA OR AIR)? (Circle One) Yes / No IF YES, IS IT CONTROLLED WITH MEDICATIONS? (Circle One) 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? (Circle One) Yes / No IF YES, PLEASE DESCRIBE:

DO YOU USE A HOME NEBULIZER MACHINE? (Circle One) 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? (Circle One) 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? (Circle One) 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? (Circle One) Yes / No

IF YES, HAVE YOU FLOWN SINCE THE OPEN HEAD INJURY, SINUS OR EAR PROBLEMS OCCURRED? (Circle One) Yes / No

IF YES, DID YOU HAVE ANY PROBLEMS? (Circle One) 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? (Circle One) 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.

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