



VETERAN APPLICATION

Form: VA-001

Honor Flight Bluegrass recognizes American Veterans for their service, sacrifices and achievements by transporting you at no cost to Washington, DC to visit YOUR memorial.

Top priority is given to Veterans of all wars or conflicts that have been diagnosed with a terminal illness and then to WW II Veterans who have never visited the memorials before.

Applications accepted for the waiting list will be applied on a first come first served basis sorted by war and then application date.

"Qualified Guardians" travel with Veterans on every trip, 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 Bluegrass. Thank you for your service and our freedom.

FULL LEGAL NAME (No Initials):

First _____ Middle _____ Last _____

GENDER: M _____ F _____

ADDRESS:

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

PHONE: Day: (_____) _____ **Cell Phone:** (_____) _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: (MM/DD/YYYY Numerals only): _____ / _____ / _____

TEE SHIRT SIZE: S _____ M _____ L _____ XL _____ XXL _____ XXXL _____

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

NAME: _____ **Relationship:** _____

Address: _____

PHONE: Day: _____ **Evening:** _____ **Cell Phone:** _____

E-MAIL: _____



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ALTERNATE CONTACT (son, daughter, etc.):

Name: _____ Relationship: _____

Address: _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____

SERVICE DATE: **WW II** (12/7/41-12/31/46) _____ **Korea** (6/29/50-1/31/55) _____ **Vietnam** (2/28/61-5/7/75) _____
Lebanon/ Grenada (8/24/82 -7/31/84) _____ **Panama** (12/20/89-1/31/90) _____
Gulf War/War on Terrorism (8/2/90-Present) _____ **Other** (Specify Dates) _____

RANK: _____

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

ACTIVITY DURING MILITARY SERVICE: (Describe in Detail) _____

MEDICAL: INFORMATION PROVIDED BY YOU WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP; HOWEVER, IN THE BEST INTERESTS OF A VETERAN 'S SAFETY AND SECURITY, CIRCUMSTANCES MAY DICTATE THAT A VETERAN MAY BE REFUSED TO PARTICIPATE IN THE MISSION IF HE/SHE IS OBSERVED TO BE PHYSICALLY OR MENTALLY UNABLE OR INCAPABLE TO DO SO.

THIS INFORMATION IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY AND WILL BE KEPT STRICTLY CONFIDENTIAL

Do you use mobility equipment? YES _____ NO _____ If Yes, please circle device: CANE, WALKER, WHEELCHAIR

IF yes, can you walk up & down a set of eight bus steps with assistance? YES _____ No _____

MEDICATIONS (name, dosage and how often you take it): _____



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Do you have any drug allergies? YES ____ NO ____ Describe In Detail: _____

Do you have any food allergies? YES ____ NO ____ Describe In Detail: _____

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, We **STRONGLY** advise that you discuss 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; it is **STRONGLY** advised that 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**, is it continuous or intermittent flow from a gaseous bottle or a Portable Oxygen Concentrator? Describe: _____

Your physician must state your condition and diagnosis requiring Oxygen and that you are stable and are capable of travel. A physician's prescription must accompany this application containing the Oxygen flow rate, either continuous or intermittent use and the delivery device (Mask or Cannula) used for Oxygen to be provided and used during flight and the tour.

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.) _____

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**, it is **STRONGLY** advised that 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 that you discuss the trip with your private physician.

Are you legally blind? Yes ____ No ____

Are you color blind? Yes ____ No ____

Are you deaf or hard of hearing? Yes ____ No ____ If **Yes**, please describe: _____



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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.**

Have you been diagnosed with Dementia or Alzheimer's disease? YES _____ NO _____

Have you been diagnosed with Diabetes? Yes _____ No _____

If **Yes**, how is it controlled? Pills _____ Insulin _____

Have you ever been declared disabled (other than a service connected disability) by a state court?

YES _____ NO _____

Do you wear or have a heart pacemaker implanted? YES _____ NO _____

What is your weight? _____

Do you have any condition(s) (not mentioned above) or circumstances which might limit your ability to travel with a commercial airline, or could limit your ability to physically participate in this event?

If **Yes**, please explain. _____

Do you require a special meal? Yes _____ No _____ If **Yes**, please describe _____

Do you have a Living Will or Advance Directive? Yes _____ No _____ if **Yes**, a copy must be provided with this application.

Do you have Medical Insurance? YES _____ NO _____

Please provide the name of the **Primary Insurer** and the **policy number**: _____

If you have **Supplement Insurance**, please provide the **name of the provider and the account number**: _____

Have you been the recipient of a previous Honor Flight trip or visited the War Memorials in Washington DC?

YES _____ NO _____

Remarks: _____

If you wish to have someone that meets the criteria of a "QUALIFIED GUARDIAN" (as described on our website honorflightbluegrass.org) accompany you, please list their full first, middle and last name, relationship and contact information here: _____



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PLEASE REVIEW THE FOLLOWING 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.
3. I state that the scope and nature of the Honor Flight program and activities have been explained to me and I am physically and mentally able to travel and engage in the Honor Flight program and activities.
4. **I understand that in the best interests of my SAFETY AND SECURITY and those of the Honor Flight Bluegrass Chapter, circumstances may dictate that I may be refused and/or denied participation if I am observed to be PHYSICALLY and/or MENTALLY UNABLE or INCAPABLE to do so.**
5. I understand and accept all risks associated with travel and other Honor Flight activities and will hold Honor Flight, its agents, directors, members or assigns, harmless for any injuries I sustain or omissions which cause harm to me while participating in the Honor Flight program and activities, and expressly release them from any and all liability whatsoever. I expressly intend to bind my heirs by this release and waiver.
6. I understand that participation involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I also understand that participation in the Honor Flight Network and/or the Honor Flight Bluegrass Chapter's mission is entirely voluntary and requires participants to abide by applicable rules and standards of conduct
7. In case of an emergency, I understand that every effort will be made to contact the individual listed as the emergency contact person(s) for me. In the event that this person(s) cannot be reached, permission is hereby given to the medical provider selected by the Honor Flight Network and/or the Honor Flight Bluegrass Chapter to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for me. Medical providers are authorized to disclose protected health information within the Honor Flight Network and/or any physician or health care provider involved in providing medical care to the participant.
8. I have carefully considered the risk involved and give consent to participate.



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9. To safeguard the disclosure of your information entrusted by you to the Honor Flight Network and/or the Honor Flight Bluegrass Chapter:
- a. We shall not share, trade or sell your information without your permission, except as permitted or required by law.
 - b. We shall keep your personal and health information confidential. We shall not disclose your information without your permission, except as permitted or required by law.
 - c. I approve the sharing of the information on this form within the Honor Flight Network/Honor Flight Bluegrass Chapter and professionals who need to know of medical conditions and situations that might require special consideration for the safe conducting of its mission
 - d. You give the Honor Flight Network and/or the Honor Flight Bluegrass Chapter permission to verify your medical condition with your physician(s).

PRINT FULL NAME: FIRST _____ **MIDDLE** _____ **LAST** _____

SIGNATURE: _____

DATE: ____/____/____ **Use MM/DD/YYYY NUMERALS ONLY**

Please submit this form to:

Honor Flight Bluegrass, PO Box 991364, Louisville, KY 40269-1364

Contacts for additional information:

Tel: (888) 998-1941

E-Mail: info@honorflightbluegrass.org

Website: www.honorflightbluegrass.org