

For Honor Flight Use Only: Date Rec'd _____/_____/_____



Veteran Application

of Dubuque and the Tri-States

Honor Flight recognizes American Veterans for your sacrifices and achievements by flying you to Washington DC to see YOUR memorial at no cost. We are currently accepting applications for Veterans from all wars with top priority given to terminally ill veterans. Dates of service, age and application date will determine the order in which Veterans are chosen for each flight. In order for Honor Flight to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping all veterans have a safe and memorable experience. For what you and your fellow Veterans have given to us, please consider this flight a small token of appreciation from all of us at Honor Flight. For further information, please call 563-690-0815 or visit us at www.honorflightdbq.org.

Service History Branch _____ War _____ Years of service 19__To 19__

Do you have the proper government real ID Or Passport: Yes _____ No _____

Please Note: Your spouse **CANNOT** be your guardian.

Your Name _____

First

Middle Name

Last

(Please list your full first, middle and last name as it appears on your driver's license or government ID.)

Address _____ Gender _____

City _____ State _____ Zip _____

Best Contact Phone Number _____

Email Address _____

Weight _____ Age _____ Date of Birth _____ / _____ / _____ Shirt Size: S M L XL 2XL 3XL 4XL 5XL

Alternate Contact (son, daughter, etc.) Name _____ Relationship _____

(Your Alternate Contact should NOT be the same person as your Emergency Contact.)

Best Contact Phone Number _____ Email _____

Emergency Contact Information (person to contact the day you travel)

Name _____ Relationship _____

Phone Number _____ Email _____

If you are requesting to travel with a specific Guardian, please list them here: Name _____ Relation _____
There are NO GUARANTEES they will be chosen. Completed Guardian Application must be submitted separately.

Medical: The 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.

Do you use mobility equipment? Yes _____ No _____ If yes, indicate which: Cane _____ Walker _____ Wheelchair _____

Do you have problems walking the length of a football field without assistance? Yes _____ No _____

If yes, please describe the reason (lungs, arthritis etc.) _____

List medications: _____

Do you have allergies? Yes _____ No _____ If yes, what are they? _____

Do you have a history of seizures? Yes _____ No _____ If yes, grand mal, petit mal, other _____
If your last seizure was within the past 5 years, please discuss trip with your physician.

Do you have problems with motion sickness? Yes _____ No _____ If yes, is it controlled with medication _____

Do you have breathing problems? Yes _____ No _____ If yes, do you use oxygen _____

If yes you will need a prescription from your physician for oxygen to be used on the trip. The oxygen will be provided. The prescription should be turned in with this application.

Do you use a home nebulizer machine? Yes _____ No _____ If yes, we strongly suggest you discuss this trip with your physician concerning the use of a portable hand-held nebulizer during the trip.

Do you have a history of open head injuries, sinus problems, or ear problems? Yes _____ No _____
If yes, have you flown with this condition? Yes _____ No _____ Did you have any problems? Yes _____ No _____
If YES, it is strongly advised you discuss the trip with your private physician. If you have never flown since having this condition, we again strongly advise that you discuss this trip with your doctor.

Do you have a urostomy or colostomy bag? Yes _____ No _____ If yes, make sure the bag is vented prior to the flight. If you do not know if the bag is vented, we strongly advise that you discuss this with your 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 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 any 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 that neither Honor Flight nor the provider of free private aircraft (flight provider) provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the flight provider, or any other person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

U Signed _____ Dated _____

By typing your name, you acknowledge the above

Please submit form to: Honor Flight of Dubuque and the Tri-States – PO Box 659, Dubuque, IA 52004-0659
or email to pmason@radiodubuque.com or fax to 563-588-5688