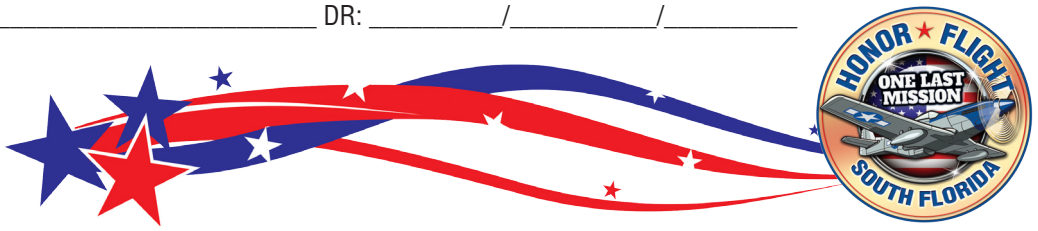


FOR HONOR FLIGHT USE ONLY LN: _____ DR: _____/_____/_____

VETERAN APPLICATION



Honor Flight South Florida gives top priority to WWII, Korean and terminally ill veterans from all wars. To qualify for an Honor Flight, your service must have begun within the official D.O.D. dates listed in the box below and you must have been honorably discharged. Proof of service, such as your DD214 **is required**. A copy must be submitted with this application and mailed to the address at the bottom of this application.

If you do not have a DD214 form, you can order a copy of your DD214 from this website:
<https://www.archives.gov/veterans/military-service-records/>

VERY IMPORTANT	In which war(s) did you serve? Check all that apply to you.	WWII • December 7, 1941 thru December 31, 1946	<input type="checkbox"/>
		Korean War • June 5, 1950 thru January 31, 1955	<input type="checkbox"/>
		Vietnam War • February 28, 1961 thru May 7, 1975	<input type="checkbox"/>

Your Name: _____ Nick Name: _____
(As it appears on your driver's license)

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: Land _____ Mobile _____

E-Mail Address: _____ Weight: _____ Date of Birth: _____

Gender (circle one): M F Shirt Size (circle one): S M L XL XXL XXXL

Guardian request (must be a generation younger, no wives or significant others): _____

Which airport would you be willing to fly from: Fort Lauderdale Only: Miami Only: Both:

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

Name: _____ Relationship: _____

Phone: Cell/Day: _____ Email Address: _____

NON-SPOUSE ALTERNATE EMERGENCY CONTACT (son, daughter, etc):

Name: _____ Relationship: _____

Phone: Cell/Day: _____ Email Address: _____

SERVICE HISTORY - DD214 or Military Discharge Required Branch (Circle): Army Air Force Navy Marines Coast Guard Merchant Marine

War Conflict (Circle one): WWII Korea Vietnam Gulf Afghanistan Iraq

Dates Served in the Military: _____ Theater: _____

Activities During Military Service: _____

PLEASE CONTINUE AND COMPLETE THE NEXT PAGE

PLEASE CIRCLE ANY MOBILITY EQUIPMENT USED: Cane Walker Wheelchair Scooter

If wheelchair/scooter is selected, are you able to transfer out of, walk, ascend and descend tour bus steps with assistance? (Circle one): Yes No

PLEASE CIRCLE YES OR NO FOR THE FOLLOWING QUESTIONS:

Do you use oxygen at any time? **YES NO** If YES, oxygen will be provided during the flight and tour of DC as needed.

Do you have any drug allergies? _____

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 (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 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 have a problem walking the length of a football field without assistance? **YES NO**

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 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? **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.

Do you have a pacemaker? **YES NO** Are you a diabetic? **YES NO**

Do you have any special dietary needs/requirements? **YES NO** If YES, Please list/explain below.

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 South Florida, Inc. 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 neither Honor Flight South Florida, Inc. 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 South Florida, Inc., the Flight Provider, or any 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.

Have you ever flown on an Honor Flight at anytime in the past, with any Honor Flight organization? **YES NO**

SIGNED:

_____ **DATE:** _____ / _____ / _____