

HONOR FLIGHT of MIDDLE TENNESSEE VETERAN APPLICATION

Honor Flight recognizes American Military Veterans for their sacrifices and achievements by flying them to Washington, D.C. to see THEIR War Memorials at no cost.

Top priority is given to WWII, Korean War and terminally ill veterans from all wars. In the future, we will be expanded to include Vietnam Veterans. 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 fellow veterans have given us, please consider this a small token of appreciation from all of us at Honor Flight. A Doctor and Nurses also travel on each flight, to ensure your well-being.

For additional information, contact us a message through our Web site (www.honrflightmidtn.org) Contact Form or call 1- 833- HONORUS

IMPORTANT — “VIETNAM VETERANS” WITH A 70% OR HIGHER VA DISABILITY RATING BASED ON PRESUMPTIVE HEALTH ISSUES RELATED TO EXPOSURE TO AGENT ORANGE/ HERBICIDE, MAY APPLY AND MAY BE ACCEPTED ON A CASE BY CASE BASIS!

WHAT IS YOUR VA PERCENTAGE RATING? _____

INSTRUCTIONS FOR COMPLETING YOUR HONOR FLIGHT APPLICATION:

- * *PLEASE READ EACH LINE ITEM THOROUGHLY, THEN COMPLETE!*
- * **Complete each line of this application in its entirety, i.e., first, middle & last names.**
 - * *Please reflect TOTALLY accurate information, i.e., **WILL YOU NEED A WHEELCHAIR?***

**(You will be required to walk at least 2-3 MILES during the day)
If you have any questions, please contact us.**

ONE OF EIGHT PAGES/ REVISED: 19 July 2019

PLEASE NOTE! IF YOU WOULD LIKE TO HAVE PICTURES TAKEN OF YOURSELF DURING “YOUR SPECIAL DAY” IN WASHINGTON, DC; YOU “MUST” INCLUDE AN E-MAIL ADDRESS ON THIS APPLICATION!

YOUR FULL NAME:

_____ (AS IT APPEARS ON YOUR DRIVERS LICENSE OR PHOTO ID CARDS)

NICK NAME if Any(For ID Badge): _____

DATE OF BIRTH: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE _____

PHONE: Day _____

Evening _____ Cell _____

E-MAILADDRESS: _____

WEIGHT: _____ HEIGHT _____ AGE: _____

HOW DID YOU HEAR ABOUT THE HONOR FLIGHT?

WILL YOU REQUIRE OXYGEN DURING THIS TRIP?

YES

NO

POLO SHIRT SIZE: (S M L XL XXL XXXL)

ALTERNATIVE CONTACT (Son, Daughter, etc.)

NAME: _____

PHONE: _____

E-MAIL: _____

RELATIONSHIP: _____

EMERGENCY CONTACT INFORMATION

(someone available the day of travel)

Name: _____

Relationship: _____

Address: _____

Phone: Day _____ Evening _____

Cell _____

YOUR SERVICE HISTORY: BRANCH OF SERVICE:

Army _____ Navy _____ Marines _____ Air Force _____

Coast Guard _____ Merchant Marine _____

HIGHEST RANK: _____

Overseas Service (Locations) _____

HOME TOWN (city and state you entered the service from)

MILITARY SERVICE DATES: _____

MEDICAL:

INFORMATION PROVIDED WILL NOT DISQUALIFY!.

IT PERMITS US TO ASSESS THE SUPPORT WE NEED TO PROVIDE YOU DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND HONOR FLIGHT MEDICAL PERSONNEL ONLY.

DO YOU USE MOBILITY EQUIPMENT? YES / NO.

If YES, please circle the device used:

CANE WALKER WHEELCHAIR SCOOTER

DO YOU REQUEST A WHEELCHAIR ON THE DAY OF THE FLIGHT?

(PLEASE BE TRUTHFUL, FOR LATER REQUESTS CAUSE LOGISTICAL PROBLEMS FOR THE STAFF)

YES _____ NO _____

NOTE: YOU WILL BE REQUIRED TO WALK APPROXIMATELY 2-3 MILES OR MORE DURING THE DAY!

MEDICATION(S) NAME AND HOW OFTEN TAKEN?)

_____/_____
_____/_____
_____/_____

Do you have any drug allergies?

Do you have a history of seizures? **YES / NO**. If YES, please describe what type (grandmal, petitmal, other _____)

Do you have problems with motion sickness? **YES / NO**. If **YES**, is it controlled with medication? **YES / NO**

If motion sickness is not controlled with medications, it is **STRONGLY** encouraged to discuss the trip with your private physician!

Do you have any breathing problems? **YES / NO**. If **YES**, please describe _____

Do you have a home nebulizer machine? **YES / NO**. If **YES**, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of a portable hand-held nebulizer 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.

_____ Do you have a history of open head injuries, sinus or ear problems? **YES / NO**. If **YES** have you flown since the open head injury, sinus/ear problems occurred? **YES / NO**. If **YES**, did you have any problems? **YES / NO**

If **YES**, it is **STRONGLY** encouraged that 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 the 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:

Do you smoke? _____

Are you in the Veteran's Health Care System? _____

YOU WILL NOT RECEIVE ANY FURTHER INFORMATION UNTIL APPROXIMATELY FOUR WEEKS PRIOR TO THE FLIGHT DATE, AT WHICH TIME YOU WILL RECEIVE A LETTER STATING THAT YOU WILL BE ON BOARD FOR THE NEXT FLIGHT DATE,

AND AT LEAST ONE TELEPHONE CALL FROM THE PERSON WHO HAS BEEN ASSIGNED AS “YOUR GUARDIAN” FOR THAT DAY.

VERY IMPORTANT - IF FOR ANY REASON YOU ARE UNABLE TO FLY ON THAT DATE, PLEASE CONTACT US IMMEDIATELY SO WE MAY ARRANGE FOR A FELLOW VETERAN TO FILL YOUR SEAT

(WE PAY FOR THE SEATS IN ADVANCE, AND ARE UNABLE TO RECOUP ANY FUNDS FOR UNFILLED SEATS).

IF YOU WERE TO CANCEL DUE TO A HEALTH ISSUES, WE WILL SIMPLY SCHEDULE YOU FOR THE NEXT SCHEDULED HONOR FLIGHT!

WHERE WOULD YOU PREFER TO MEET OUR CHARTERED BUS?

**WINCHESTER TULLAHOMA MANCHESTER
MURFREESBORO,**

OR AT THE NASHVILLE AIRPORT (SOUTHWEST AIRLINES)?

PLEASE CIRCLE ONE OF THE ABOVE!

RECOGNIZED SERVICE DATES

WORLD WAR II; 7 December 1941- 31 December 1946

KOREAN WAR; 27 June 1950- 31 January 1955

VIETNAM WAR; 5 August 1964 (28 February 1961 for Veterans who served “in country” before 5 August 1964) through 7 May 1975

PLEASE REVIEW CAREFULLY, AND THEN SIGN (BELOW):

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 images captured during 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.

3. Do you agree to allow your contact information and/or photos of the flight released to your fellow attendees and to the local newspapers?

YES _____ / **NO** _____

SIGNED:

DATE: _____ / _____ / _____ (E-mail applicants will be required to sign prior to flight date)

PLEASE SUBMIT YOUR COMPLETED APPLICATION TO:

**HONOR FLIGHT OF MIDDLE TENNESSEE
P O BOX 1926
TULLAHOMA TN 37388**

IMPORTANT INFORMATION

- **THE NATIONAL HONOR FLIGHT HEADQUARTERS HAS RULED THAT A SPOUSE MAY NOT ACCOMPANY THEIR VETERAN, ON AN HONOR FLIGHT.**

- **A GUARDIAN TO SERVE YOU THROUGHOUT THE DAY WILL BE PROVIDED, *HOWEVER* IF YOU WOULD CARE TO RECOMMEND A “GUARDIAN” TO SERVE YOU, PLEASE CONTACT THE FOLLOWING PERSON IMMEDIATELY!**

MS. LANA BRADFORD, GUARDIANS SCHEDULING COORDINATOR HONOR FLIGHT OF MIDDLE TENNESSEE — (931) 455-3488 (OFFICE)

- **WE WILL SUPPLY YOUR WHEELCHAIR FOR THE DAY, IF YOU HAVE REQUESTED ONE!**

PLEASE DO NOT BRING YOUR PERSONAL WHEELCHAIR WITH YOU FOR THE FLIGHT!