



CENTRAL MISSOURI HONOR FLIGHT VETERAN APPLICATION

Central Missouri Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see YOUR memorial at **no cost**. Top priority (for which we are currently accepting application only) is given to WW II and terminally ill veterans from **all** wars. In the future, **CM Honor Flight** will be expanded to include Korean and Vietnam veterans. In order for **CM 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 further information, please call (573) 256-1930 or email us at: centralmissourihonorflight@yahoo.com

Please Print Name as it appears on your photo ID (needed for airport security - TSA)

YOUR NAME: _____

(Please List Your First, Middle & Last Name)

First Name Preferred on Name Badge: _____

ADDRESS: _____

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

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

E-MAIL ADDRESS: _____ **WEIGHT:** _____ **AGE:** _____ **DOB:** _____

TEE SHIRT SIZE: (M, L, XL, XXL, XXXL) _____ (You may wish to wear it over another shirt)

HOW DID YOU LEARN ABOUT HONOR FLIGHT? _____

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

Name: _____ **Relationship:** _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SECONDARY EMERGENCY CONTACT (son, daughter – not living with you):

Name: _____

Phone: _____ **E-mail:** _____ **Relationship:** _____

SERVICE HISTORY: Branch of service: _____ **Rank:** _____

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

DATES OF SERVICE: _____ **TO** _____
Month Year Month Year

ACTIVITY DURING WWII: _____

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. This information allows us to assess the support we need to provide to ensure you enjoy your trip. The information you provide is viewed by CMHF and medical personnel only. **FOR YOUR COMFORT AND SAFETY**, we make frequent rest stops and carry medical and personal comfort supplies as well as extra clothing. We have wheelchairs available, and can accommodate nearly any level of mobility or medical condition. **A PHYSICIAN AND NURSES ACCOMPANY ALL FLIGHTS.** Please read carefully and answer each question.

- ➡ 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.)

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- ➡ Do you use a wheelchair? **always** **occasionally** **do not use**
 - ➡ If always, can you stand and move 4-5 steps with assistance? **YES** **NO**
 - ➡ If you use a wheelchair, can you bring it (non-motorized) on the flight? **YES** **NO**
 - ➡ If you use a wheelchair, can you climb 4-5 steps onto the bus? **YES** **NO**
 - ➡ If you use a wheelchair can you transfer from wheelchair to seat? **YES** **NO**

- ➡ Do you use a walker or cane? **always** **occasionally** **does not use**
- ➡ If always or occasional can you climb 4-5 steps onto the bus? **YES** **NO**

- ➡ Do you have **drug allergies?** **YES NO** **Food allergies?** **YES NO** If yes, what? _____
- ➡ 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 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!

OXYGEN

- ➡ Do you have any **breathing problems?** **YES NO**
If YES, please describe: _____
 - ➡ Do you use a home nebulizer machine? **YES NO** If you use an inhaler, please bring with you on trip.
 - ➡ Do you use **oxygen** at any time? **YES NO**. When? _____
➡ If yes: Liter per minute _____ **Continuous or Intermittent**
 - ➡ 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 wound that requires dressing bandages? **YES NO**
 - ➡ Do you have a **urine (catheter) or colostomy bag?** **YES NO**. If YES, please make sure the bag is emptied prior to flight. If you do not know if your bag is emptied can your bag be easily emptied or replaced? It is **STRONGLY** advised that you discuss this issue with your private physician.
➡ Please check: _____ Lack of control of urine function _____ Frequent urination
 _____ Lack of control of stool
 - ➡ Have you been diagnosed with dementia/Alzheimer's? **YES NO** If yes, please explain:
-

Please list any past medical history (for example: heart disease, diabetes, stroke, high blood pressure):

Please list all medication you are currently taking:

MEDICATION NAME	QTY AND SCHEDULE TAKEN?
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

Please attach medication list if the space above is not enough.

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **CM 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 **CM Honor Flight** program. I hereby release the photographer and **CM Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **CM Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **CM 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 **CM 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 CM Honor Flight activities and will not hold CM Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of CM Honor Flight responsible for any injuries incurred by me while participating in the CM Honor Flight program.

SIGNED: _____ DATE: _____

(E-mail applicants will be required to sign prior to actual flight date)

IF FORM WAS COMPLETED BY SOMEONE OTHER THAN APPLICANT PLEASE COMPLETE:

Name: _____ Contact Phone Number: _____

Please submit this form to: **Central Missouri Honor Flight**
1400 Forum Blvd., Ste. 38, Box 334
Columbia, MO 65203

<p>For office use only:</p> <p>Date Received: _____ Time: _____</p>
