

HONOR FLIGHT APPLICATION

World War II Veterans

Honor Flight is a program to fly World War II Veterans to Washington D.C., to tour those memorials constructed in honor of your service to our country. The flight, bus tour and meal/s will be provided fr to the veteran. The aircraft will depart from the local area in the morning and land in the Washington D.C. area before noon. After touring the memorials and eating, we'll proceed back to the airport for an afternoon takeoff.. We return the same day in the evening. **IF YOU HAVE ANY QUESTIONS, PLEASE CALL 864-7261.**

If you would be interested in participating in this program, please complete the questionnaire below. Please explain all "YES" answers on the back.

1. Do you have a problem with motion, sea or airsickness? YES NO
2. Do you have any breathing problems or use oxygen at any time? YES NO
3. Do you use a cane, walker, crutches or wheelchair? YES NO
4. Would you have a PROBLEM walking the length of a football field without assistance? YES NO
5. Do you have a history of open head injury, sinus problems, ear problems, a urostomy or colonostomy bag? YES NO
6. Do you have a history of epilepsy or seizure disorder? YES NO
7. How much do you weight? _____
8. Drug Allergies?_____
9. Please list the medications you are presently taking and how often you take them:

NAME OF MEDICATION

TAKE HOW OFTEN?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

NAME: _____

HOME PHONE: (____ J ____-____. TEE SHIRT SIZE: _____

ADDRESS: _____

AGE:_____ BRANCH OF SERVICE: _____ RANK: _____

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

YOUR ACTIVITY DURING WWII: _____

Please explain your "YES" answers to the best of your ability. We will make EVERY effort to accommodate EVERY veteran who wants to fly to the memorials, that's the PURPOSE of the program. Your honest responses are needed for planning purposes, seating arrangements and for the safety of everyone on the plane.

1. Please describe your motion sickness. Is the condition controlled with medication?

2. Please describe your **breathing problems**. Do you need oxygen? If so, how often is it used? Do you use a home nebulizer machine? How often is it used? How often do you use your hand-held inhalers?

3. What equipment do you use to help you get around (i.e. **cane, walker, crutches wheelchair**)?

4. If you have a **PROBLEM walking** the **length** of a **football field**, what is the reason (i.e. lung problems, arthritis problems, heart problems)? How far can you walk without assistance?

5. Please explain or describe if you have a history of open head injury, sinus problems, ear problems, a urostomy or colonostomy bag.

6. If you have a history of **epilepsy** or **seizure disorder**, what type of seizures do you have (i.e. grand ma!, petit ma!, other)? When was your last seizure? Do you know what triggers your seizures?

ADDITIONAL COMMENTS: _____

CAN WE RELEASE YOUR ADDRESS ANJ) PHONE NUMBER TO OTHER MEMBERS OF THE TRIP OR NEWS MEDIA WHO MIGHT WANT TO CONTACT YOU LATER? _____

Send completed applications by **FAX** to (937) 864-0524 or **MAIL** to "Honor Flight," P0 Box 214, Enon Ohio 45323. **Questions? Call (937) 864-7261, or web site at www.HonorFlight.org or email us at HonorFlight@aol.com.**

THANK YOU FOR GIVING US THIS OPPORTUNITY TO HONOR YOUR SERVICE.