

# 2018 VETERAN APPLICATION

**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 is given to all WW II Veterans and terminally ill Veterans, then Korea era and Vietnam era Veterans. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at *Honor Flight*. In order for *Honor Flight* to achieve this goal, Guardian Donors fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. With exception to spouses, relatives and/or friends may qualify to be Guardians. Please refer to the 2018 Guardian applications for further information.

**Honor Flight Central Florida** serves the Central Florida Area for any applying Veteran, and flies from Orlando International Airport on single day trips, on Saturdays only, in the spring and fall seasons. Trips include tours of the WWII, Korea War and Vietnam War Memorials and Arlington National Cemetery.

**For more information contact Nancy Riordan at:  
hfcfl.dir.veterans@gmail.com or call 407-203-7010.**

**This application must be accompanied by a legible copy of the applicant's driver's license or government issued photo ID used for airline travel**

FIRST NAME	MIDDLE NAME	LAST NAME
<p><b>For airline security and travel purposes please list your name exactly as it appears on your driver's license or state issued ID</b></p> <p><b>Fill this form out in its entirety and sign where requested</b></p>		

STREE ADDRESS			
CITY	COUNTY	STATE	ZIP CODE
E-MAIL		IF YOU HAVE A NICKNAME PLEASE SHARE IT HERE	
DAY PHONE	EVENING PHONE	CELL PHONE	
WEIGHT	AGE	DOB	
ERA of Service (check all that apply): <input type="checkbox"/> WWII <input type="checkbox"/> Korean War <input type="checkbox"/> Cold War <input type="checkbox"/> Vietnam War			

**T-Shirt Size:**                      **S    M    L    XL    XXL    XXXL**                      *(circle one)*

## SERVICE HISTORY

<b>Branch of Service (check all that apply)</b>	<input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MERCHANT MARINE <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> ARMY AIR FORCE/AIR CORP
What your Rating, Rank when you were discharged?	What was your Home Town before you went in?
What was your job?	
Anything special we should know about your service in the US Military:	

**BELOW FOR HONOR FLIGHT ADMINISTRATIVE USE ONLY:**

DATE RECEIVED: \_\_\_/\_\_\_/\_\_\_    DATE OF FLIGHT: \_\_\_/\_\_\_/\_\_\_    RSD \_\_\_/\_\_\_/\_\_\_    ID CHECKED?

## MEDICAL INFORMATION

**MEDICAL:** INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED DURING THE TRIP. INFO IS FOR HONOR FLIGHT AND MEDICAL PERSONNEL ONLY.

Do you have any **drug allergies**? If Yes, What are you allergic to? \_\_\_\_\_  
\_\_\_\_\_

YES

Do you have a history of **seizure**?  
If Yes Please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_  
When was your last seizure? \_\_\_\_\_

YES

Do you have problems with **motion sickness** (sea or air)?  
If yes, is it controlled with medications? YES

YES

Do you have any **breathing problems**? Do you use a home nebulizer machine? \_\_\_\_\_  
If YES, please describe: \_\_\_\_\_

YES

Do you have a pacemaker or defibrillator? \_\_\_\_\_ Do you have a prosthetic limb or metal implant? \_\_\_\_\_

YES

Do you use **oxygen** at any time? If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. Turn in prescription with the application.

YES

Do you have a **problem walking** the length of a football field without assistance? If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.)  
\_\_\_\_\_

YES

Do you have a history of **open head injuries, sinus problems, or ear problems**?  
If YES, have you flown since the open head injury, sinus or ear problems occurred? YES   
If YES, did you have any problems? YES

YES

Do you have a **urostomy or colostomy bag**? If YES, please make sure the bag is vented prior to flight

YES

If you have answered YES to one or more of these questions, you are **STRONGLY** encouraged to discuss the trip with your private physician. **In most cases these conditions will not prevent you from making the trip.** However, your safety and wellbeing are our primary concern. Advice from your doctor can make the trip much more enjoyable and give you and your family piece of mind.

**Please share any concerns you may have:**


List all medication that you take and their frequency. (Use an additional sheets if necessary)

Medication	How Often (Frequency)

**ALTERNATE CONTACT**

STREE ADDRESS		
CITY	STATE	ZIP CODE
DAY PHONE	EVENING PHONE	CELL PHONE
E-MAIL	RELATIONSHIP TO APPLICANT	

**EMERGENCY CONTACT**

STREE ADDRESS		
CITY	STATE	ZIP CODE
DAY PHONE	EVENING PHONE	CELL PHONE
E-MAIL	RELATIONSHIP TO APPLICANT	

**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** 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 my personal responsibility (the veteran) and I understand that neither Honor Flight nor the provider of the aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight Central Florida, the Honor Flight Network or the Flight Provider responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**REMEMBER: This application must be accompanied by a legible copy of the applicant's driver's license or government issued photo ID used for airline travel. Please complete this form legibly and in its entirety.**

Submit completed and signed applications to:

Honor Flight Central Florida, Inc.  
#321  
1170 Tree Swallow Drive  
Winter Springs, FL 32708

Please note that #321 must be on a separate line and not included in the street address.

**For assistance in completing this form please  
contact Nancy Riordan at:  
e-mail: [hfcfl.dir.veterans@gmail.com](mailto:hfcfl.dir.veterans@gmail.com)  
or by phone: (407) 203-7010.**