



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**. For WWII veterans with active duty dates between December 7, 1941 and December 31, 1946. Top priority (for which we are currently accepting application only) is given to WW II and terminally ill veterans from **all** wars. 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 comrades have given to us, please consider this a small token of appreciation from all of us at **Honor Flight**.

For further information, please contact us a (888) 283-4061 or visit us at www.luvernechamber.com

Name: _____ (first) (middle) (last)	Nickname: _____
Address: _____	
City: _____	State: _____ Zip: _____
Phone: Day: _____	Evening: _____ Cell: _____

Gender: ___M___F	Age: _____	Date of Birth: _____ month/day/year
Weight: _____	Shirt Size: (circle) S M L XL XXL XXXL	

<u>Emergency Contact Information</u>		
Name: _____	Relationship: _____	
Address: _____		
Phone: Day _____	Evening: _____	Cell: _____

<u>Service History</u>	
Branch of Service: _____	Rank: _____
Active Service Dates: _____ (month/day/year)	to _____ (month/day/year)
City and State where you entered service: _____	
Please list locations you served and what you did in the service: (this information will be used to put into a booklet to create a history of all veterans on the trip)	

Please indicate if you have already seen the WWII Memorial in Washington, DC: _____ Yes _____ No

MEDICAL INFORMATION:

Medical standards: All veterans should be able to walk up three stairs into the bus, transfer into a bus seat, dress yourself and take care of your general personal needs. Certain exceptions to these requirements may be made after consultation with Honor Flight Medical Staff. Medical personnel are available on each trip to ensure health and safety concerns are addressed. The use of oxygen does not automatically disqualify you. The Honor Flight volunteers do not have the ability to provide for one to one personal needs. Please indicate if you have questions concerning these requirements.

Information provided will permit the Honor Flight Medical Team to assess the support we need during the trip.

1. Do you use mobility equipment? CANE WALKER WHEELCHAIR
(Note: Scooters are not allowed on the trip.) (circle all that apply)

2. List your drug allergies: _____

3. Do you have a history of seizure? _____ Yes _____ No

4. Do you have any breathing problems? _____ Yes _____ No
(circle all that apply) COPD ASTHMA LUNG CANCER

5. Do you use: (circle all that apply) NEBULIZER CPAP INHALERS

6. Do you use oxygen at any time? _____ Yes _____ No
(If YES, please indicate the amount) _____
(Who supplies your oxygen?) _____

7. Do you have diabetes? ___ Yes ___ No 8. Are you on insulin? ___ Yes ___ No

9. Do you have a problem walking without assistance? _____ Yes _____ No

10.If YES, please explain: _____

11.Do you have heart problems? _____ Yes _____ No 12.If YES, please explain:

13.Do your legs swell? _____ Yes _____ No

14.Do you have memory problems? _____ Yes _____ No 15.If YES, please describe:

16.Do you have a urine bag?__ Yes__ No 17.Do you have a colostomy bag? __ Yes

17.Do you use personal pads or depends? _____ Yes _____ No _____ No

18.A COMPLETE MEDICATION LIST MUST BE PROVIDED FROM YOUR MEDICAL FACILITY.

Please ask your medical provider to print out a list of your medications and attach it to the application.

The application will not be processed until all information is completed.

Additional questions or comments:

Signed: _____

Date: _____

Please submit this form to: Honor Flight Southwest Minnesota
ATTN: Veteran Application
213 East Luverne Street
Luverne, MN 56156

Or e-mail to: luvernechamber@co.rock.mn.us

Or fax to: (507) 283-4061



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