



## Emergency Contact

NAME:  (As it appears on their driver's license or government ID.)

ADDRESS:

STATE:

ZIP CODE:

PHONE: (Day)

PHONE: (Night)

MOBILE:

EMAIL:

## Service History

BRANCH OF SERVICE:

RANK:

DATES OF ACTIVE DUTY SERVICE: (Month/Year)

TO: (Month/Year)

HOMETOWN:

ACTIVITY DURING WWII/KOREAN OR VIETNAM WAR:

## Medical History

**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 USE MOBILITY EQUIPMENT? (Circle One) Yes / No IF YES, PLEASE CIRCLE DEVICE: Cane / Walker / Wheelchair / Scooter

DO YOU REQUIRE A HANDICAP ACCESSIBLE HOTEL ROOM? (Circle One) Yes / No

ARE YOU CURRENTLY RECEIVING CARE FROM A VA MEDICAL CENTER/CLINIC? (Circle One) Yes / No IF YES, WHERE?

DO YOU HAVE ANY DRUG ALLERGIES?

DO YOU HAVE A HISTORY OF SEIZURE? (Circle One) Yes / No PLEASE DESCRIBE WHAT TYPE (i.e. grand mal, petit mal, other)

WHEN WAS YOUR LAST SEIZURE?

► If within past 5 years, **STRONGLY** advise you discuss the trip with your private physician!

# Medical History

DO YOU HAVE PROBLEMS WITH MOTION SICKNESS (SEA OR AIR)? (Circle One) Yes / No IF YES, IS IT CONTROLLED WITH MEDICATIONS? (Circle One) Yes / No

➤ If motion sickness is not controlled with medications, it is **STRONGLY** advised you discuss the trip with your private physician!

DO YOU HAVE ANY BREATHING PROBLEMS? (Circle One) Yes / No IF YES, PLEASE DESCRIBE:

DO YOU USE A HOME NEBULIZER MACHINE? (Circle One) Yes / No

➤ If YES, you are **STRONGLY** encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

DO YOU USE OXYGEN AT ANY TIME? (Circle One) 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. Oxygen will be provided. The prescription should be turned in with the application.

DO YOU HAVE A PROBLEM WALKING THE LENGTH OF A FOOTBALL FIELD WITHOUT ASSISTANCE? (Circle One) Yes / No

IF YES, PLEASE DESCRIBE THE REASON (e.g. lung problems, arthritis, heart problems, etc.)

DO YOU HAVE A HISTORY OF OPEN HEAD INJURIES, SINUS PROBLEMS, OR EAR PROBLEMS? (Circle One) Yes / No

IF YES, HAVE YOU FLOWN SINCE THE OPEN HEAD INJURY, SINUS OR EAR PROBLEMS OCCURRED? (Circle One) Yes / No

IF YES, DID YOU HAVE ANY PROBLEMS? (Circle One) 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 UROSTOMY OR COLOSTOMY BAG? (Circle One) Yes / No

➤ If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is **STRONGLY** advised that you discuss this issue with your private physician.

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