



# Brushy Creek Area Honor Flight WWII & Korean War 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 (for which we are currently accepting applications) is given to WWII veterans. The Brushy Creek Area Honor Flight has been expanded to include Korean (6/1/1950 – 1/31/1955) veterans. 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 on the Brushy Creek Area Honor Flight, please contact Charlie Walker at 515-576-0671.

## VETERAN'S INFORMATION:

Name \_\_\_\_\_  
(Please List Your First, Middle & Last Name) (If Applicable)  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ County of Residence \_\_\_\_\_  
Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Branch of Service \_\_\_\_\_ Rank \_\_\_\_\_  
Home Town (from which city and state did you enter the service?) \_\_\_\_\_  
Dates of Service (\*\*Please attach DD214\*\*) \_\_\_\_\_

Tee Shirt Size (please circle one size): S, M, L, XL, XXL or XXXL

## ALTERNATE CONTACT (son, daughter, etc.):

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

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

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail address \_\_\_\_\_

## MEDICAL INFORMATION:

(Please note: The information you provide will not disqualify you. It permits us to assess the support we need during the trip and is for Honor Flight and medical personnel only.)

Please answer "yes" or "no" to the following questions:

1. Are you currently on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
(\*\*If yes, please attach a list of all your current medications & their dosages\*\*)
2. Do you use mobility equipment? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please circle device: Cane Walker Wheelchair Scooter
3. Do you have any drug or food allergies? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what are you allergic to? \_\_\_\_\_

- 4. Do you have a history of seizures? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please describe what type (i.e. grand mal, petit mal, other) \_\_\_\_\_  
 If yes, when was your last seizure? \_\_\_\_\_ (If your last seizure was within the past 5 years, it is STRONGLY advised that you discuss this trip with your private physician!)
- 5. Do you have problems with motion sickness (car 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 that you discuss this trip with your private physician!)
- 6. Do you have any breathing problems? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, please describe: \_\_\_\_\_  
 Do you use a home nebulizer machine? Yes \_\_\_\_\_ No \_\_\_\_\_  
 (If yes, you are STRONGLY encouraged to discuss this trip with your private physician concerning the use of portable hand-held nebulizers during the trip!)
- 7. Do you use oxygen at any time? 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.\*\*)
- 8. Do you have a problem walking the length of a football field without assistance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please describe the reason (i.e. lung problems, arthritis, heart problems, etc.): \_\_\_\_\_
- 9. Do you have any history of open head injuries, sinus problems, or ear problems? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, have you flown since its occurrence? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, did you have any problems? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, it is STRONGLY advised you discuss this trip with your private physician! If you have NEVER flown again since its occurrence, we STRONGLY advise you discuss this trip with your private physician!)
- 10. Do you have a urostomy or colostomy bag? 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!)

Additional Comments or Concerns: \_\_\_\_\_

**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 the responsibility of the veteran and I understand that neither 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 Honor Flight Network activities and will not hold Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Every item must be completed before application is processed or it will be sent back.**

Please submit application, DD214 & Medication List to:

Brushy Creek Area Honor Flight  
320 S. 12<sup>th</sup> St.  
Fort Dodge, IA 50501-4816