

VETERAN HISTORY INFORMATION: CONTINUED

1. Do you use mobility equipment? **YES NO** *If yes, please circle device: CANE WALKER WHEELCHAIR SCOOTER*
2. Do you have any drug allergies? **YES NO** *If yes, what? _____*
3. Do you have a history of seizure? **YES NO** *If yes, what type? _____*
Date of last seizure? _____ *If within the past 5 years, it's **STRONGLY** advised you discuss trip with your physician!*
4. Do you have motion sickness (sea or air)? **YES NO** *If yes, is it controlled with medication? **YES NO***
*If motion sickness is not controlled with medication, it is **STRONGLY** advised you discuss the trip with your physician!*
5. Do you have any breathing problems? **YES NO** *If yes, please describe. _____*
6. Do you use a home nebulizer machine? **YES NO** *If yes, you are **STRONGLY** encouraged to discuss the trip with your 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 a history of open head injuries, sinus problems or ear problems? **YES NO** *If yes, have you flown since the open head injury, sinus or ear problem occurred? **YES NO*** *If yes, did you still have any problems? **YES NO***
*If yes, it is **STRONGLY** advised you discuss the trip with your physician. *If you have NEVER* flown since the open head injury, sinus or ear problems, again we **STRONGLY** advise you to discuss the trip with your physician.*
10. Do you have an 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 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 form, 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 Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: _____ DATED: _____

(emailed applicants will be required to sign prior to the actual flight date.)

Please submit this form to:
Shawn Hornung
Wamego High School
Attn: Veteran Application
801 Lincoln St.
Wamego, KS 66547
email: whshonorflight@gmail.com

For more information please visit our websites at www.whshonorflight.org https://www.facebook.com/WamegoHonorFlights/
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or fax application to (785) 456-7382