



CENTRAL MISSOURI HONOR FLIGHT VETERAN APPLICATION

Central Missouri 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 application only) is given to WW II and terminally ill veterans from **all** wars. In the future, **CM Honor Flight** will be expanded to include Korean and Vietnam veterans. In order for **CM 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 fellow veterans** have given to us, please consider this a small token of appreciation from all of us at **Central Missouri Honor Flight**. For further information, please contact Barbara Brueggeman at (573) 301-5657 or email us at: centralmissourihonorflight@yahoo.com

Please Print Name **as it appears** on your photo ID (**needed for airport security - TSA**)

YOUR NAME: _____

(Please List Your First, Middle & Last Name)

First Name Preferred on Name Badge: _____

ADDRESS: _____

CITY: _____ **COUNTY:** _____ **STATE:** _____ **ZIP:** _____

PHONE: Day: _____ Evening: _____ Cell Phone: _____

E-MAIL ADDRESS: _____ **WEIGHT:** _____ **AGE:** _____ **DOB:** _____

HOW DID YOU HEAR ABOUT HONOR FLIGHT? _____

TEE SHIRT SIZE: (M, L, XL, XXL, XXXL) _____ (**You may wish to wear it over another shirt**)

ALTERNATE CONTACT (son, daughter, etc): NAME _____

PHONE: _____ **E-MAIL:** _____ **RELATIONSHIP:** _____

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

Name: _____ **Relationship:** _____

Address: _____

PHONE: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

HOME TOWN (from which city and state did you enter the service?): _____

ACTIVITY DURING WWII: _____

DO YOU HAVE A WWII VETERAN THAT YOU WOULD LIKE TO TRAVEL WITH? Yes: _____ No: _____
Name: _____ (We will make every effort to accommodate this request)

MEDICAL: INFORMATION PROVIDED WILL NOT DISQUALIFY YOU. IT PERMITS US TO ASSESS THE SUPPORT WE NEED TO PROVIDE YOU DURING THE TRIP. INFORMATION IS FOR CM HONOR FLIGHT AND MEDICAL PERSONNEL ONLY. A PHYSICIAN ACCOMPANIES ALL FLIGHTS.

Do you use any mobility equipment? CANE: _____ WALKER: _____ WHEELCHAIR: _____ SCOOTER: _____

MEDICATION	TAKEN HOW OFTEN?	MEDICATION	TAKEN HOW OFTEN?
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

- Do you have any **drug allergies?** YES NO **Food allergies?** YES NO
If yes _____
- Do you have a history of **seizure?** YES NO Please describe what type (i.e. grand mal, petit mal, other) _____ When was your last seizure? _____. If within past 5 years, we **STRONGLY** advise you discuss trip with your private physician!
- Do you have problems with **motion sickness** (sea 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 you discuss the trip with your private physician!
- 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 the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.
- Do you use **oxygen** at any time? YES NO. When? _____ 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 in Washington but, you will need to acquire an oxygen concentrator for air travel.** The prescription should be turned in with the application.
- Do you have a **problem walking** the length of a football field without assistance? 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?** YES NO. If YES, have you flown since the open head injury, sinus or ear problems occurred? YES NO. If YES, did you have any problems? 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 (catheter) 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.
- Have you been diagnosed with Alzheimer's Disease? YES NO

Additional **Medical** 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 **CM 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 **CM Honor Flight** program. I hereby release the photographer and **CM Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **CM Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **CM 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 **CM 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 CM Honor Flight activities and will not hold CM Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of CM Honor Flight responsible for any injuries incurred by me while participating in the CM Honor Flight program.

SIGNED: _____ DATE: _____

(E-mail applicants will be required to sign prior to actual flight date)

Please submit this form to: **Central Missouri Honor Flight**
c/o KOMU TV
5550 Highway 63 South
Columbia, MO 65203

For office use only:

Date Received: _____ Time: _____