

FOR HONOR FLIGHT USE ONLY: Last name: _____

Postmark date or date personally received: _____



Honor Flight of Southern New Mexico also serving El Paso, Texas



VETERAN APPLICATION

PLEASE PRINT LEGIBLY

Jacket size _____

FULL NAME _____

First

Middle

Last

(Exactly as it appears on your airline approved ID)

Nick Name _____ Gender M F D.O.B. _____

Height _____ Weight _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email address: _____

EMERGENCY CONTACT INFORMATION (someone NOT traveling with you)

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

SERVICE HISTORY: Branch of Service _____ Rank _____

Which War(s) WWII _____ Korea _____ Vietnam _____

Please list any military awards or decorations you have earned: _____

Have you ever been to Washington DC to see your war memorial? Yes ___ No ___

If yes, what were the circumstances of that trip? _____

The information you provide below is necessary for us to understand the assistance you will need during the trip. A "Yes" answer does not disqualify you from being accepted for the trip. In some cases, we may need to get written medical clearance from your Healthcare Provider. This information is confidential.

MEDICAL INFORMATION:

HAVE YOU HAD A STROKE/TIA? YES NO
If yes, do you have any residual effects? YES NO
If yes, please describe: _____

DO YOU HAVE SEIZURES? YES NO
Type: _____ Date of last seizure: _____

HAVE YOU HAD A CLOSED HEAD INJURY? YES NO
If yes, do you have any residual effects? YES NO
If yes, please describe: _____
Have you flown since the head injury? YES NO

ARE YOU PRONE TO HEADACHES? YES NO

DO YOU HAVE ANY SINUS/EAR PROBLEMS? YES NO

DO YOU HAVE ANY VISION PROBLEMS? YES NO
If yes, please describe: _____

DO YOU WEAR GLASSES? YES NO

DO YOU HAVE ANY HEARING PROBLEMS? YES NO

DO YOU USE HEARING AIDS? YES NO
Right _____ Left _____

DO YOU HAVE MOTION SICKNESS (sea/air/land)? YES NO
If yes, what medication is needed to control it: _____

DO YOU HAVE LUNG PROBLEMS? YES NO
If yes, please describe: _____

DO YOU SMOKE? YES NO

DO YOU USE OXYGEN? YES NO
If yes, please describe (i.e. continuous/at night): _____ Flow rate: _____
Do you need any help setting up or using your oxygen? YES NO

IF YOU WILL REQUIRE OXYGEN AT ANY TIME DURING THE FLIGHT, YOU ARE RESPONSIBLE FOR OBTAINING A PORTABLE OXYGEN CONCENTRATOR THAT IS AIRLINE APPROVED. YOU ARE ALSO RESPONSIBLE FOR BRINGING ALL NECESSARY OXYGEN SUPPLIES YOU WILL NEED FOR THE TRIP INCLUDING ENOUGH BATTERIES TO GET THROUGH A 12 HOUR DAY WITHOUT RE-CHARGING.

DO YOU USE A C-PAP machine _____ or BiPAP machine _____?	YES	NO
DO YOU USE A HOME NEBULIZER? If yes, how many treatments each day? _____	YES	NO
DO YOU HAVE HEART PROBLEMS? If yes, please describe: _____	YES	NO
DO YOU HAVE ANY PROBLEMS WITH WALKING THE LENGTH OF A FOOTBALL FIELD WITHOUT ASSISTANCE? If yes, please describe the reason (lung problems, heart problems, arthritis, weakness, knee/hip surgeries, etc.): _____	YES	NO
DO YOU USE MOBILITY EQUIPMENT? If yes, please circle: CANE WALKER SCOOTER WHEELCHAIR Do you own this equipment?	YES	NO
DO YOU HAVE TROUBLE GOING UP OR DOWN STEPS/STAIRS/RAMPS?	YES	NO
DO YOU HAVE PROBLEMS WITH BALANCE/DIZZINESS?	YES	NO
DO YOU FALL EASILY?	YES	NO
WHEN WAS YOUR LAST FALL? _____		
DO YOU HAVE DIABETES? If yes, do you take pills _____ or Insulin _____ If Insulin is used, please describe (i.e. what type, how many injections per day, etc.): _____	YES	NO
DO YOU CHECK YOUR BLOOD SUGAR? How often: _____ times/day	YES	NO
DO YOU GIVE THE INJECTIONS YOURSELF?	YES	NO
DO YOU FOLLOW A SPECIAL DIET? If so, what type of diet: _____	YES	NO
DO YOU HAVE A UROSTOMY/COLOSTOMY? If yes, what type: _____	YES	NO

PLEASE NOTE THAT THESE MUST BE VENTED PRIOR TO THE FLIGHT

CAN YOU CARE FOR THE OSTOMY YOURSELF? (i.e. emptying, changing bag)?	YES	NO
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DO YOU HAVE PROBLEMS WITH INCONTINENCE? YES NO
 If so, please describe: Bowel _____ Bladder _____ Both _____
 How do you handle this? _____

HAVE YOU BEEN DIAGNOSED WITH ALZHEIMER’S DISEASE OR DEMENTIA? YES NO

DO YOU HAVE MEMORY PROBLEMS (i.e. forgetfulness)? YES NO

DO YOU WANDER AT NIGHT? YES NO

DO YOU EASILY GET LOST? YES NO

HAVE YOU BEEN DIAGNOSED WITH PTSD? YES NO
 If yes, what are your triggers? _____

DO YOU REQUIRE A WHEELCHAIR ACCESSIBLE HOTEL ROOM? YES NO

DO YOU NEED ASSISTANCE WITH BATHING, TOILETING, ETC.? YES NO

YOU WILL BE SHARING A HOTEL ROOM WITH ANOTHER VETERAN. IF YOU HAVE A MEDICAL CONDITION THAT REQUIRES YOU TO HAVE A PRIVATE ROOM, PLEASE EXPLAIN HERE. THE HONOR FLIGHT MEDICAL COORDINATOR WILL MAKE THE FINAL DETERMINATION BASED ON WRITTEN INFORMATION FROM YOUR HEALTHCARE PROVIDER. I require a private hotel room because: _____

DO YOU HAVE ANY ALLERGIES? YES NO
 Please list: _____

DO YOU TAKE MEDICATIONS? YES NO
 If yes, are you able to take them without assistance? YES NO

IF YOU ARE ON ANY BLOOD THINNERS, HOW OFTEN IS YOUR BLOOD WORK CHECKED? _____

PLEASE LIST ALL MEDICATIONS:

NAME	DOSE	HOW OFTEN

IF YOU NEED MORE SPACE FOR MEDICATIONS, PLEASE USE THE BACK PAGE OF THIS APPLICATION.

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that Medical Insurance is the responsibility of the Veteran, and he/she further understands that **Honor Flight does NOT provide medical care.**

Veteran Signature _____ Date: _____

IF YOU HAVE A FAMILY MEMBER OR A FRIEND WHO IS CONSIDERING BEING YOUR GUARDIAN FOR THIS TRIP PLEASE PROVIDE THAT INFORMATION BELOW. THERE IS A SEPARATE GUARDIAN APPLICATION AND TRIP FEES WILL APPLY.

Name: _____

Relationship: _____

Home Phone: _____ Cell Phone: _____

I, (print name) _____ am about to voluntarily participate as a passenger in various activities of Honor Flight of Southern New Mexico also serving El Paso, Texas (hereinafter HFSNM). In consideration of valuable services provided in allowing me to participate in these activities, I, for myself, my heirs, administrators, executors, assigns, agents and successors, agree that the legal responsibilities of HFSNM is strictly limited. HFSNM has organized certain travel services, including air and surface transportation, which HFSNM purchases or reserves from various suppliers. The suppliers providing travel services for HFSNM are independent contractors and are not agents or employees of HFSNM. HFSNM does not act as an agent for any party whatsoever. HFSNM is not responsible for the willful or negligent acts and/or omissions of such suppliers or any air carrier, motor coach line or the respective employees, agents, or representatives, including, without limitation, their failure to deliver on their partial or inadequate delivery of services.

Furthermore, as a result of my participation in the activities of HFSNM, I agree that neither HFSNM nor any representative, officer or agent shall be liable for any accident, injury, property damage or personal loss to me in connection with any transportation or other travel services, or resulting directly or indirectly from any occurrences or conditions, including, but not limited to acts of terrorism, war, defects in vehicles, breakdown of equipment, strikes, theft, delay or cancellation of, or changes in, itinerary or schedules.

HFSNM reserves the right to decline or not retain any person as a member of any tour or to cancel or alter the tour without notice. However, no person will be refused participation in a tour based on race, sex, age, religion, disability or any other grounds for which refusal would violate governmental laws or regulations. If any provision of this agreement is found to be unenforceable in any jurisdiction, the remaining provisions hereof shall remain in full force and effect.

I hereby authorize and give full consent to HFSNM to copyright or publish all photographs, movies, videos, or tape recordings in which I appear while a participant in any and all HFSNM programs. HFSNM may use, or cause to be used, this above material for any purpose without limitation or reservation.

I have read, understand, and agree to the above statement and waiver of liability and all written materials concerning this tour including, but not limited to, tour conditions, liability and tour cancellations. I FURTHER SWEAR THAT ALL INFORMATION GIVEN IN THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature of Veteran

Date

PLEASE ATTACH A COPY OF THE AIRLINE APPROVED PHOTO ID YOU WILL BE USING FOR THIS TRIP.

ADDITIONAL MEDICATIONS

NAME	DOSE	HOW OFTEN

FOR MORE INFORMATION, PLEASE CONTACT US:

**Toll Free Number: 1-844-697-1590
Email: chairman@honorflightnm.org**

PLEASE MAIL YOUR COMPLETED APPLICATION TO:

**Linda Widbur
c/o Honor Flight of Southern New Mexico
P. O. 14017
Las Cruces, NM 88013**