



FOR HONOR FLIGHT USE ONLY L.N.: _____ D.R.: ____/____/____ SCANNED: ____

Veteran Application

Badger Honor Flight recognizes American veterans for your sacrifices and achievements by flying you to Washington, D.C. to see YOUR memorial at **no cost**. Top priority (for which we are currently accepting applications only) is given to WWII and terminally ill veterans from **all** wars. In order for **Badger 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 **Badger Honor Flight**. For further information, please contact us at (608) 616-0243 or visit us at www.badgerhonorflight.org

NAME: _____ NICKNAME: _____

FIRST MIDDLE LAST

ADDRESS: _____

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

PHONE:DAY: _____ EVENING: _____ CELL: _____

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

T-SHIRT SIZE: (Circle One) S M L XL XXL XXXL

PREFERRED DEPARTING AIRPORT: (Circle One) Madison, Milwaukee, La Crosse, Appleton/Green Bay, Wausau, Other (please enter): _____

NON-SPOUSE ALTERNATE CONTACT (son, daughter, friend, etc; Someone who does NOT live with you):

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ E-MAIL: _____ RELATIONSHIP: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

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

DATES OF ACTIVE DUTY: _____

ACTIVITY DURING WWII: _____

MEDICAL: 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? YES NO

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATION TAKEN HOW OFTEN? CONDITION BEING TREATED

PLEASE COMPLETE SECOND PAGE

Do you have any **drug allergies**? _____

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 you've had a seizure in the past 5 years, it is **STRONGLY** advised you discuss the 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 that 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 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.

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 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.

If you are requesting a specific Guardian, please provide their name: _____

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 **Badger 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 **Badger Honor Flight** program. I hereby release the photographer and **Badger Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Badger Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Badger 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 **Badger 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 **Badger Honor Flight**, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of **Badger Honor Flight** responsible for any injuries incurred by me while participating in the **Badger Honor Flight** program.

SIGNATURE: _____ DATE: ____/____/____

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

**Please submit this form to: Badger Honor Flight, Inc.
ATTN: Veteran Application
PO Box 258066
Madison, WI 53725**