



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

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 to the VETERAN**. At this time we are **ONLY** accepting applications from veterans of World War II, Korea, Vietnam 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 compatriots 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 (Please provide name as it appears on Govt Issued Photo ID)

ADDRESS: _____

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

PHONE:DAY: _____ CELL: _____

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

JACKET SIZE: (Circle One) S M L XL XXL XXXL

PREFERRED DEPARTING AIRPORT: (Circle One) Madison / Milwaukee / La Crosse / Appleton / Wausau / Duluth

WAR/CONFLICT: (Circle One) World War II: December 7, 1941- December 31, 1946 / Korean War: June 25, 1950 - January 31, 1955

Vietnam War: February 28, 1961 - May 7, 1975

Anyone serving in the US Military ANYWHERE at ANY TIME during the above dates is a veteran of the war/conflict.

BRANCH OF SERVICE: _____ RANK: _____ DATES OF SERVICE: _____

ACTIVITY DURING WAR: _____

REQUESTED GUARDIAN (Accompanies Veteran on Flight-Check website for qualifications)

NAME: _____ PHONE: _____ CELL: _____

FIRST MIDDLE LAST (Please provide name as it appears on Govt Issued Photo ID)

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

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

JACKET SIZE: (Circle One) S M L XL XXL XXXL RELATIONSHIP TO VETERAN: _____

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

NAME: _____ PHONE: _____ CELL: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

E-MAIL ADDRESS: _____ RELATIONSHIP TO VETERAN: _____

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. (Please Circle the answer that best applies.)

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 use mobility equipment? YES NO

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATION TAKEN HOW OFTEN? CONDITION BEING TREATED

Attach a complete list of medications from your Pharmacy if you need more space than available.

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.

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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.

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

BHF Medical Review by: **Name:** _____ **Date:** _____