



Honor Flight Chicago Veteran Combined Application and Medical Form 2019

Honor Flight Chicago recognizes America's senior war veterans for their bravery, determination, and patriotism with an all-expense-paid, one-of-a-kind journey to Washington, D.C. for a day of honor, thanks, and inspiration. You have been invited to complete this seven-page application because we anticipate flying you in 2019.

As soon as the completed form is received by Honor Flight Chicago and it is confirmed that all pages are complete, we will send it to our Medical Team for review. When approved, you will be placed in the queue for one of our upcoming flights. Priority is given to our most senior veterans, our WWII and Korean War veterans. All Honor Flight Chicago trips depart and return from Chicago Midway International Airport. For further information, please contact us at **773-227-8387** or go online to **honorflightchicago.org**.

<p>Please <i>complete</i> and submit all seven pages of this form with required signature(s) as soon as possible to:</p>	<p>Honor Flight Chicago Attn: Veteran Combo App 2019 9701 W. Higgins Rd., Suite 310 Rosemont, IL 60018-4703</p>	<p>Scan & Email: applications@honorflightchicago.org **Fax to 773-289-0909 **Confirm <u>all 7 pages</u> have sent</p>
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PHONE

Your name: _____ Nickname: _____
(As it appears on your state ID for airline travel) (If applicable)

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Cell phone: _____

Email address: _____

Date of birth (Month/Day/Year): ____ / ____ / ____ Weight: _____ Height: _____

Gender: Male Female Polo shirt size: S M L XL XXL XXXL

How did you hear about Honor Flight Chicago? _____

I am a: WWII Veteran Korean War Veteran Vietnam War Veteran

Dates you served in the military (Month/Year to Month/Year): ____ / ____ to ____ / ____

Branch of service: Army Air Force Navy Other _____
 Marines Coast Guard Merchant Marines

Rank: _____ Service number (optional): _____

Hometown (From which city and state did you enter the service)? _____

Country(ies) where you served: _____

Activity during the war: _____

REFERRED BY

Please list your current work experience (if retired, please list your most recent work experience):

Organization: _____ Title: _____ Dates (from/to): _____

Responsibilities/accomplishments: _____

CONTACT INFORMATION

Primary emergency contact (someone available the day you travel):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____ Cell _____

Email: _____

BUDDY & GUARDIAN INFORMATION

If you and a fellow veteran would like to travel together, please ask him/her to complete a Veteran Application. In addition, please include your buddy's name and number below so that we can try to pair you together on the same flight. Since we invite our veterans to fly based on date order of applications received, we may not be able to accommodate your request. We will discuss this with you when we call to invite you on your flight.

Buddy name: _____ Buddy Phone: _____

Buddy email (if applicable): _____

Based on the age of our veterans and on the length of the day, Honor Flight Chicago will provide a wheelchair for each veteran, as well as an Honor Flight Chicago Guardian. These trained Guardians will accompany and assist you throughout the day to help ensure a safe and memorable experience. If you believe there is a medical need that necessitates a family member (aged 18 - 66) be considered to act as your Guardian, please list that person's contact information below and ask the family member to complete a Guardian Application found at honorflightchicago.org. Guardians must attend a three hour training class and pay a fee that covers a portion of the cost of the day. Completion of the Guardian Application combined with your written request below will assure that your request is considered, however selection is not guaranteed. Your spouse is NOT eligible.

Requested guardian name: _____ Phone: _____

Requested guardian email: _____ Relationship: _____

Additional comments or concerns: _____

YOUR MEDICAL INFORMATION

1. Place of residence:

- | | | |
|--|--|---|
| <input type="checkbox"/> Private home | <input type="checkbox"/> Private condo/apartment | <input type="checkbox"/> Independent living |
| <input type="checkbox"/> Assisted living | <input type="checkbox"/> Nursing home | <input type="checkbox"/> Retirement Community |

Who do you live with? Name: _____ Relationship: _____

Name of Residence Facility/Community: _____

2. Do you have a personal care attendant? Yes 8-12 hours ___ 24 hours ___
2-4 times per week ___
 No

3. Do you attend adult day care? Yes How many days per week? _____
 No

4. Please check all that apply: Cane Walker Crutches Wheelchair
 Scooter Prosthetics/braces None of the above

5. Can you climb five stairs using handrails with minimal assistance? Yes No
If not, we can provide a wheelchair lift into and out of the bus.

6. How far can you walk without assistance?
 None 0-10 steps 25 feet One block or more

7a. Have you suffered an injury from a fall in the past six months? Yes No

If yes, please specify: _____

7b. Have you been hospitalized or had surgery in the past six months?

(If yes, please list below) Yes No

Reason for Surgery or Hospitalization	Date

8. Do you have diabetes? Yes No

If yes, how do you control it? Insulin Pill Diet controlled

If controlled with Insulin injections, your private physician must write a prescription for Insulin to be used on flight day. Insulin prescription MUST be turned in with your application.

You are REQUIRED to bring your Insulin or oral medication, injection supplies, and glucometer on the trip. If you arrive at the airport without these, you may not be allowed on the trip.

9. Do you have a pacemaker? Yes No

Do you have a defibrillator? Yes No

Do you have a history of heart problems? Yes No If yes, please specify: _____

10. History of COPD or asthma? Yes No If yes, please describe: _____

11. Are you prescribed oxygen by your doctor? Yes No If yes, how many liters? _____

24 hours As needed With sleep apnea mask
 Night time only (not related to sleep apnea)

If yes, your private physician must write a prescription for oxygen to be used during the flight and/or day. Oxygen will be provided by Honor Flight Chicago. Oxygen prescription MUST be turned in with your application.

12. Do you need nebulizer treatments or use an inhaler? Yes No If yes, how often? _____

13. Any history of heat exhaustion or difficulty breathing in the heat? Yes No

14. Do you have a history of high blood pressure or on medication for it? Yes No

15. Do you have any history of visual impairment (other than glasses)? Yes No If yes, please describe: _____

16. History of neurological problems (i.e., stroke, Parkinson's disease)? Yes No If yes, please describe: _____

17. History of seizures or taking seizure medications? Yes No
If yes, please list type of seizure: (i.e., grand mal, petit mal, other) _____
When was your last seizure? _____

18. Do you have problems with motion sickness? Yes No

19. History of dementia or Alzheimer's OR are you on prescription medications for memory? Yes No

20. History of anxiety or PTSD-related symptoms? Yes No

21. Do you use incontinence pads?

Bladder: Yes No Bowel: Yes No

How often do you need to change your pads/depends? _____

Are you able to change: Independently With minimal assistance With stand-by assistance

Does someone provide this care for you? Yes No

22. Do you have a foley, urostomy, or colostomy bag? Yes No

23. Are you currently undergoing dialysis? Yes No

24. Do you smoke? Yes No

25. Please list any allergies you have _____

Any bee sting reaction? Yes No

Do you carry an epinephrine pen with you? Yes No

If yes, please bring your epinephrine pen with you on the trip. Initial here: _____

26. **Other medical or health concerns not previously disclosed:**

MEDICATIONS (List or attach a separate sheet)

Honor Flight Chicago medical volunteers are not authorized to dispense medications

Physician’s name: _____

Physician’s phone number: _____ Fax number: _____

Date of last exam: _____

Other **physician’s** name: _____

Physician’s phone number: _____ Fax number: _____

Date of last exam: _____

MEDICAL RELEASE

The information I have provided is complete and accurate. I understand that Honor Flight Chicago medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. Honor Flight Chicago must medically approve all participants to fly. I agree to notify Honor Flight Chicago immediately should my medical condition change prior to the trip. If any of this information is **falsified or pertinent medical information is omitted**, or if my medical conditions change or are determined by Honor Flight Chicago to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Honor Flight Chicago. I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility and that Honor Flight Chicago does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Chicago activities, and that I have executed a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Chicago while participating in the program. **I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release my health and treatment information for treatment purposes I may require during my participation in the Honor Flight Chicago program and my signature on this page shall be sufficient evidence of my consent.** My signature authorizes you to call my physician or any other personnel familiar with my care to discuss my medical history. Please note that a facsimile signature will also be accepted as an original signature.



Veteran signature required: _____

Please print your name: _____ Date form completed: _____

If the Veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name: _____

Please print your name: _____

Relationship: _____ Phone number: _____

HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

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I, _____, am about to voluntarily participate as a participant or a volunteer in various Activities, which may include but are not limited to either being escorted or escorting individuals with disabilities, crowd control and interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Honor Flight Chicago Corp, an Illinois not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Honor Flight Chicago"). In consideration of and as a condition of Honor Flight Chicago permitting me to participate in these Activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

- (i) I am aware that there are inherent risks in the Activities and that I am freely assuming all risks of any nature and damages related to such Activities including those related to my own health issues and fully release Honor Flight Chicago from all such liability relating to same.

HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

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- (ii) To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Honor Flight Chicago for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Honor Flight Chicago, and agree to discharge, defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iii) I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the Activities, against Honor Flight Chicago, and agree to defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
- (iv) Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight Chicago that I agree that venue and jurisdiction is limited to that of the Courts in Cook County Illinois and or the United States District Court for the Northern District of Illinois Eastern Division and that Illinois law shall govern.

I hereby, authorize Honor Flight Chicago the continued right to perpetuity to photograph, film or video my Activities and to publish same and or use such in the legitimate promotion of Honor Flight Chicago as they deem fit and as such I waive any right to approve same in advance.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.



Veteran signature required: _____

Please print your name: _____ Date form completed: _____

If the Veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name: _____

Please print your name: _____

Relationship: _____ Phone number: _____

Please print this form out in its entirety and mail, fax or scan & email the completed document to Honor Flight Chicago.	Mail, fax, or scan & email <u>all seven</u> pages to:
If completing the form electronically, please save the document to your computer first before printing. <u>Electronically completed forms will not print properly if not saved first.</u>	Honor Flight Chicago Attn: Veteran Combo App 2019 9701 W. Higgins Rd., Suite 310 Rosemont, IL 60018-4703 Fax: 773-289-0909 Email: applications@honorflightchicago.org