



# Honor Flight Chicago Vietnam War Veteran Application 2017

Honor Flight Chicago honors America's war veterans for their service and sacrifice by flying them to Washington DC to see their memorial, at no cost. Although we are currently flying WWII and Korean War veterans only, we are accepting applications for Vietnam 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](http://honorflightchicago.org).

**Please complete and submit all three pages of this form with required signature(s) as soon as possible to:**

Honor Flight Chicago  
Attn: Vietnam War Veteran App 2017  
938 West Montana Street  
Chicago, Illinois 60614-2409

or Fax to 773-289-0909

*\*\* Please check your fax machine to confirm all three pages have been sent.*

**Note:** If completing the form electronically, please save the document to your computer first before printing. Electronically completed forms will not print properly if not saved first.

PHONE

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth (Month/Day/Year): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Gender:  Male  Female Polo shirt size (Please choose your size): S M L XL XXL XXXL

How did you hear about Honor Flight Chicago? \_\_\_\_\_

I am a:  Vietnam War Veteran *If you are a veteran of WWII or the Korean War, please visit [honorflightchicago.org](http://honorflightchicago.org) and complete the veteran application tailored to your service.*

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

Branch of service:  Army  Air Force  Navy  
 Marines  Coast Guard  Other \_\_\_\_\_

Rank: \_\_\_\_\_ Service number: \_\_\_\_\_

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

Country(ies) where you served: \_\_\_\_\_

Activity during the war: \_\_\_\_\_

REFERRED BY

## CONTACT INFORMATION

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

## BUDDY & GUARDIAN INFORMATION

If you and a fellow veteran from the same war 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 may try to pair you together on the same flight.

Buddy's name: \_\_\_\_\_ Buddy's phone: \_\_\_\_\_

Buddy's email: \_\_\_\_\_

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 be considered to act as your guardian, who is aged 18 – 66 and in good health, please list that person's contact information below and ask the family member to complete a guardian application found at [honorflightchicago.org](http://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 2017 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: \_\_\_\_\_

Additional comments or concerns: \_\_\_\_\_

## YOUR MEDICAL INFORMATION

The following medical information is necessary for Honor Flight Chicago's volunteer, medical and administrative staff to ensure that you have you have a safe and memorable day.

1. Please check any mobility equipment used:    Cane    Walker    Wheelchair    Scooter
2. Can you climb 5 stairs using handrails with minimal assistance?    Yes    No  
If not, we can provide a wheelchair lift to get into and out of the bus.
3. How far can you walk without assistance?  
 None    0-10 steps    25 feet    One block or more
4. Do you have a history of seizures?    Yes    No   Please describe: \_\_\_\_\_  
(i.e. grand mal, petit mal, other)  
  
When was your last seizure? \_\_\_\_\_
5. Do you have problems with motion sickness?    Yes    No  
If yes, is it controlled with medication?    Yes    No
6. Do you have any breathing problems?    Yes    No  
If yes, please describe: \_\_\_\_\_
7. Do you use oxygen at any time?    Yes    No  
**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.**
8. Do you smoke?    Yes    No
9. Do you have diabetes?    Yes    No   If yes, injected or oral?    Injected    Oral  
Do you carry glucose with you?    Yes    No

**MEDICATIONS** (name and how often taken - If necessary, please attach additional sheets):

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Veteran acknowledges and agrees that the information on this application is correct.

**Veteran's signature is required.** Please sign and print your name below.

Veteran's signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_



If you are completing this application for your veteran, please print your name, relationship to the veteran and provide a phone number for us to contact you.

Please sign your name: \_\_\_\_\_

Please print your name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone number: \_\_\_\_\_