



HONOR FLIGHT AUSTIN APPLICATION

Application and Pre-Flight Checklist

Honor Flight Austin is grateful to honor and serve our veterans for the sacrifices and dedication they have made to secure our Nation's safety and freedom. We are thankful for the opportunity to give our veterans who served during WWII, Korea, Vietnam, and the Cold War (years specific) this all-expense-paid trip to see their memorials.

Basic Information

- Our flight schedules are typically in the Spring and Fall
- Top priority is given to our WWII, Korea veterans, and those who are ill.
- You must be a veteran to travel on Honor Flight Austin
 - If you are a Vietnam or Cold War Veteran, please submit a copy of your DD-214 with your **Social Security number blacked out**.
 - If you do not have your DD-214, you may request one at <https://www.archives.gov/veterans/military-service-records>
- We will do our best to contact you 1-2 months prior to the departure date but please expect a call first from one of our staff members to personally invite you on the trip. (Please note that a veteran may drop out of the flight last minute and we may call you to see if you are interested/available to join us on the trip)
- We fly commercially on Southwest with other passengers
- We travel with our medical staff and Licensed/Active EMS personnel to ensure your safety and needs are taken care of and they will be able to respond to any emergencies you may encounter.
- This is an overnight trip, and we will be returning the next night after departing. You will be rooming with another veteran or the assigned guardian traveling with you. All veterans will have someone to room with overnight and **no one** will be staying alone for your safety and accountability purposes.

- If you are unable to walk at all and requesting a full lift and carry at all time and wheelchair lift on a bus, please indicate this need on the application.
- All veterans will be accompanied by volunteer guardians in Austin and in D.C to assist you throughout the trip. Please note that guardian seats are limited per flight and reserved for our veterans needing the most care throughout the trip. We will have assigned D.C. and Austin guardians to assist you for the two days you are on the flight with us if you do not have one personally going with you.
- Spouses are not permitted to attend the trip with you unless they are a qualified veteran themselves. There is no exception to this rule, and we are following the guidance and regulations from our national network.

Please submit applications and any other paperwork to the following address:

Honor Flight Austin
ATTN: Veteran Application
1108 Lavaca St
Ste 110, Box 609
Austin, Texas, 78701

Email: applications@honorflightaustin.org

Phone: 1-888-530-8880

Website: www.honorflightaustin.org

We look forward to meeting you and once again thank you again for your service.

FOR HONOR FLIGHT AUSTIN USE ONLY



DATE RECEIVED _____ LAST NAME _____

Honor Flight Austin

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GENERAL INFORMATION: *Your name must match EXACTLY to the government-issued picture I.D. that you plan to use at the airport security checkpoints.*

Last Name: _____

First Name: _____

Middle name or Initial (If Applicable) _____

Nickname (That you would like to be called): _____

Date of Birth: Month: _____ Day: _____ Year: 19 _____

Gender (Male, Female) _____ Weight: _____ Height: _____

Address: _____

City: _____, Texas, Zip Code _____

Phone Numbers: Home (_____) _____, Cell (_____) _____

Email (If Applicable): _____

Polo Shirt Size: (Small, Medium, Large, XL, XXL, XXXL) _____

PLEASE NOTE THAT OUR POLO SIZES RUN BIGGER THAN NORMAL*

Please check all applicable items that might be a concern during the airport screening process:

Pacemaker or ICD (Please note/circle one)	
Defibrillator	
Metal Implant (Hip, knee joints)	
Insulin pump and/or Insulin loading dispensing products	
Oxygen and / or respiratory- related equipment	

MILITARY SERVICE HISTORY:

Branch of Service: _____

Military Rank at Completion of Service: _____

Which Era Did You Serve? (DD214 required for Vietnam and Cold War Veterans)

- WWII Veteran (December 1941 - December 1946) _____
- Korea Veteran (June 1950 – January 1955) _____
 - Did you receive the Korean Service Medal (KSM) Yes _____ No _____
- Vietnam Veteran (February 1961 – May 1975) _____
 - Did you receive the Vietnam Service Medal (VSM) Yes _____ No _____
- Cold War Veteran (January 1947 - May 1950 / February 1955 – January 1961) _____

Years Served: _____ - _____

What was your job title/ what did you do in the military?

(Theatre of Operation, unit, division, battalion, ship, plane, and anything else you want to share)

Personal awards, medals, honors, and/or unit commendations: _____

EMERGENCY CONTACTS: *List two (2) people you would like us to contact in case of an emergency. Email would be great if they have one.*

(If available, please list at least one family member other than your spouse as a contact)

1) Name: _____ Relationship _____

Phone Numbers: **Home** (_____) _____, **Cell** (_____) _____

Email: _____

2) Name: _____ Relationship _____

Phone Numbers: **Home** (_____) _____, **Cell** (_____) _____

Email: _____

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DAILY ACTIVITIES: *Please check the boxes that apply to you*

In the past 3 months, I have needed help with these activities.

	NEVER	SOMETIMES	ALWAYS
Dressing			
Using the bathroom			
Eating			
Taking Medication			
Bathing/Showering			

In the past 3 months, I have been required the need for one or more of the following.

	NEVER	SOMETIMES	ALWAYS
Cane			
Walker			
Wheelchair			

In the past 3 months, I have had difficulty or needgggv assistance with the following activities?

	NEVER	SOMETIMES	ALWAYS
Standing for 20 minutes			
Walking 3 blocks			
Climbing Steps (Stairs/Bus)			
Moving around the house			
Getting up from a chair			
Getting out of Bed			

MEDICAL CONDITIONS:

Please place a checkmark next to the condition(s) that you currently have or have had in the past 5 years

Medication and Food Allergies:

PLEASE CHECK THE BOXES THAT APPLY TO YOU

1) NUTRITION AND/ OR GI PROBLEMS

A. Diabetes	Yes:	No:
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Insulin: _____ Oral Medication: _____ Both: _____
I monitor my blood sugar myself: Yes: _____ No: _____

B. Diet/Food restrictions, requirements, or allergies	Yes:	No:
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Please explain _____

C. Urostomy Bag:	Yes:	D. Colostomy Bag:	Yes:
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Do you maintain it/ them by yourself? Yes: _____ No: _____

Note: Please make sure your bag is vented prior to the flight. If you do not know if your bag is vented, please discuss this with your physician

2) NERVOUS SYSTEM PROBLEMS

A) Dementia	Yes:	No:
B) Alzheimer's	Yes:	No:

(SKIP) QUESTIONS 1-4 IF YOU SELECTED "NO" ON 2.A and 2.B

- 1) Are you comfortable in a crowd? Yes: _____ No: _____
- 2) Do you participate in activities outside your home? Yes: _____ No: _____
- 3) Are you more confused in the evenings? Yes: _____ No: _____
- 4) When was the last time you spent the night away from home? _____

Comments: _____

C) Stroke	Yes:	No:	If yes, what year?
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If yes, explain any resulting problems _____

D) Parkinson's Disease	Yes:	No:
E) Motion Sickness	Yes:	No:
F) Epilepsy or Seizures?	Yes:	No:

What was the date and type (if known) of your last seizure? _____

Is your motion sickness controlled with medication? Yes: _____ No: _____

Note: If your last seizure occurred within the past 5 years, it is STRONGLY advised that you discuss this trip with your physician

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3) EYE, EAR, NOSE, THROAT, HEAD PROBLEMS

A) EYES (other than glasses)

1) Infection, inflammation, other problems	Yes:	No:
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Please explain: _____

Please select the following box of which eye(s) sight is lost.

Right Eye	Percentage Loss:
Left Eye	Percentage Loss:

B) EARS (other than hearing aids)

1. Infection, inflammation, other problems	Yes:	No:
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Do you experience any issues with your ears during a flight? Yes: _____ No: _____

Please explain any issues: _____

Please select the following box of which ear(s) hearing is lost

Right Ear	Percentage Loss:
Left Ear	Percentage Loss:

1) Any problems with imbalance and/or dizziness?	Yes:	No:
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Please explain: _____

C) NOSE AND SINUSES

Infection, inflammation, allergies?	Yes:	No:
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Please explain: _____

D) THROAT

Any difficulty swallowing?	Yes:	No:
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Please explain: _____

Do you have a history of an open or closed head injury? Yes: _____ No: _____

Please explain along with any issues you experienced: _____

Note: Talk to your doctor if you feel that there may be a concern about flying

4) HEART/ VASCULAR PROBLEMS

Heart Attack?	Yes:	If yes, what year(s)
Chest Pain?	Yes:	No:
If yes, is it controlled with medication?	Yes:	No:
High Blood Pressure?	Yes:	No:
If yes, is it controlled with medication?	Yes:	No:
Irregular Heartbeat (Arrhythmia)	Yes:	No:
Congestive Heart Failure (CHF)	Yes:	No:
Blood Clots	Yes:	No:
Cramping	Yes:	No:

Other: Specify _____

5) LUNG/ BREATHING PROBLEMS

1) Asthma	Yes:	No:
2) Bronchitis	Yes:	No:
3) Emphysema	Yes:	No:
4) Sleep Apnea	Yes:	No:
5) Pulmonary Embolism	Yes:	No:

Other: Specify _____

- Do you become short of breath when walking around the house? Yes___ No___
- Do you become short of breath walking one block? Yes: _____ No: _____
- Are you ABLE to climb 4-5 steps to get on the bus? Yes: _____ No: _____**

6) OXYGEN AND BREATHING EQUIPMENT

I use Oxygen	Yes:	No:
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If yes, please answer 1-3 that apply to you:

- What is your flow setting? _____
- How many hours a day do you use oxygen? _____
- If you know, what is your normal oxygen saturation? _____ %

Note: A doctor's prescription is required to use portable oxygen. You will need to contact your doctor to write the prescription and then submit it to Honor Flight Austin at least 3 weeks before the departure date.

I will be traveling with CPAP	Yes:	No:
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Settings: _____

I will be traveling with BiPAP	Yes:	No:
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Settings: _____

I use a nebulizer machine for my breathing treatments	Yes:	No:
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- If yes will you bring your own nebulizer on the trip? Yes:

Note: You are STRONGLY encouraged to discuss the use of a portable nebulizer or an inhaler during the trip with your physician

7) CANCERS

- 1) Have you been diagnosed with Carcinoma, Sarcoma, Leukemia, Lymphoma, and/or Myeloma in the past? Yes: _____ No: _____
- 2) If yes, please list what type: _____

- 3) In the past 3 months, have you received treatment (Chemotherapy, Radiation, surgery, transfusions)? Yes: _____ No: _____
- 4) If yes, please list what type and date of last treatment: _____

MEDICATIONS (MANDATORY): You are welcome to attach a pre-printed list of your medication as long as it has the name of the drug, dosage, and how often you take it.

I do not take any medications: Check here _____

NAME OF MEDICATION	DOSAGE	HOW OFTEN?

Is there anything else we should know about your physical/medical situation or special needs please explain here. If you want to fly with another veteran/group, please name them here but please note that they must also send in an application at the same time as you to be selected for the same flight.

Thank you for answering and submitting this assessment. Please know that anything you say WILL NOT disqualify you from going on the Honor Flight, so please answer all the necessary questions and do not leave anything out.

We want to respect your health care wishes. If you have an advance directive, durable power of attorney, or other health care documents that you would like us to carry on the trip, please send them with this assessment.

All information provided by you, including all health information, is strictly confidential and WILL NOT be shared with anyone except appropriate Honor Flight staff. All HIPAA guidelines are strictly followed by Honor Flight Austin

PLEASE REVIEW CAREFULLY AND SIGN (REQUIRED):

This undersigned acknowledges and agrees that:

- 1) As photographic and video equipment are frequently used to memorialize and document 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 Honor Flight program. I hereby release the photographer and Honor Flight Austin from all claims and liability relating to said photographs. I hereby give permission for my images captured during the Honor Flight activities through video, photo, or other media, to be used solely for the purpose of 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 Honor Flight does NOT provide medical care. I understand that I accept all risks associated with travel and other Honor Flight activities and will not hold Honor Flight responsible for any injuries incurred by me while participating in the Honor Flight program.

SIGNED: _____
(If submitting through email please type the following in signature block //Signed// NAME OF VET)

DATE: _____