

Last Name: \_\_\_\_\_ Date Received: \_\_\_\_\_

# Veteran Application



Utah Honor Flight would like to recognize our Utah Veterans for the sacrifices and support of our Country. We would like to send you to Washington DC to see YOUR memorial at no cost. Top priority is given to WWII and terminally ill veterans from all war eras. Utah Honor Flight will be expending this offer to Korean and Vietnam Veterans. For Utah Honor Flight to achieve this goal, Guardians fly with the Veteran on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. For what you and your comrades have given us, please consider this a small token of appreciation from all of us at Utah Honor. For further information, please contact us at 435-272-0254 or visit us at <http://www.utahhonorflight.org>



**YOUR NAME:** \_\_\_\_\_  
(Please List Your First, Middle, and Last Name as it appears on your driver's license or government ID)

**ADDRESS:** \_\_\_\_\_ **GENDER:** \_\_\_M\_\_\_F

**CITY:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**HOW DID YOU HEAR ABOUT HONOR FLIGHT?** \_\_\_\_\_

**TEE SHIRT SIZE:** (S, M, L, XL, XXL, XXXL) \_\_\_\_\_ **PREFERRED DEPARTING AIRPORT:** \_\_\_\_\_

**ALTERNATE CONTACT** (son, daughter, etc.): **NAME:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **E-MAIL:** \_\_\_\_\_ **RELATIONSHIP:** \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION** (someone available the day you travel):

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

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

**PHONE:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Mobile: \_\_\_\_\_

**SERVICE HISTORY:** **BRANCH OF SERVICE:** \_\_\_\_\_ **RANK:** \_\_\_\_\_

WWII, Korea, Vietnam, Other: \_\_\_\_\_ **WHEN DID YOU SERVE?** Date: \_\_\_\_\_ thru \_\_\_\_\_

**WHERE DID YOU SERVE?** \_\_\_\_\_

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

**ACTIVITY DURING SERVICE:** \_\_\_\_\_

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

**PLEASE COMPLETE BACK 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 within past 5 years, **STRONGLY** advised you discuss 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 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. The prescription should be turned in with the application.

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.

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 **Utah 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 **Utah Honor Flight** program. I hereby release the photographer and **Utah Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Utah Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Utah 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 Utah 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 Utah Honor Flight activities and will not hold Utah Honor Flight, the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Utah Honor Flight responsible for any injuries incurred by me while participating in the Utah Honor Flight program.
3. Beginning Jan 1, 2018, all Vietnam era Veterans who apply for the Utah Honor Flight program will need to include a copy of their DD214. (SSN will need to be blotted out) **Please note, a copy of the Veteran's DD-214 must accompany the completed Utah Honor Flight Veteran application.**

SIGNED:

DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (E-mail applicants will be required to sign prior to actual flight date)

**Please submit this form to: Utah Honor Flight  
Utah Honor Flight Office  
P.O. Box 42  
Richfield, UT 84701**

**Utah Honor Flight Office: 435-272-0254 Or FAX to: 1-435-363-3678, Email: info.uthonorflight@gmail.com**