Veteran Application for Honor Flight

Date Received:

HONOR FLIGHTNEW ENGLAND

Honor Flight recognizes American Veterans for your sacrifices and achievement by flying you to Washington DC to see YOUR memorial at no cost. Top priority (for which we are currently accepting applications) is given to WWII and terminally ill veterans from all wars. In order for Honor Flight to achieve this goal, escorts fly with the Veterans on every flight providing assistance and helping Veterans have a safe, memorable and rewarding experience. Please consider this a small token of appreciation from all of us at Honor Flight New England for what you and your comrades have given to us. For further information, please contact us at 603-518-5368 or visit our website at www.HonorFlightNewEngland.org.

Veterans are responsible for obtaining transportation to and from the airport on the date of the flight.

I AM A VETE	RAN OF WWII:	KOREA:_	Vietnam:
NAME:			(As it appears on ID for airline travel)
		Last	,
NICKNAME (if applicable)	:		
ADDRESS:			DATE:
			ZIP:
PHONE: Daytime:	Evenir	ıg:	Mobile:
E-MAIL ADDRESS:			Birthdate:
WEIGHT:	AG	E:	
How did you learn about the	e Honor Flight organization?		
T-Shirt Size: (S, M, L, XL,	XXL, XXXL)		
ALTERNATE CONTACT	INFORMATION (Spouse,	Son, Daughter, etc.	<u>):</u>
NAME:			
			Mobile:
E-MAIL ADDRESS:		Relati	ionship:
EMERGENCY CONTAC	Γ INFORMATION (someon	ne available the day	you travel):
NAME:			
			Mobile:
			ionship:

SERVICE HISTORY: BRANCH OF SERVICE:	RANK:
DATES SERVED:	
IOMETOWN (from which City and State did you enter the s	service):
ACTIVITY WHILE SERVING (attach separate sheet if neede	
TELL US ABOUT YOUR LIFE AFTER YOUR SERVICE T	O OUR COUNTRY (attach separate sheet as needed):
MEDICAL: This information is necessary so we may proving. This information is for Honor Flight and Medical Per	
Do you use mobility equipment? (Please circle)	S NO
f YES, please circle device: CANE WALKER	WHEELCHAIR SCOOTER
MEDICATIONS (name and how often you take it):	
MEDICATION	TAKEN HOW OFTEN?
	43
03	in antiku e e e e

8. D	o 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.):	
	o you have a history of open head injuries, sinus problems or ear problems?		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, we STRONGLY advise you discuss this trip with your private physician. If	you have N	EVER flown since
the	e open head injury, sinus or ear problems, we again STRONGLY advise you to di	scuss the tr	ip with your privat
ph	ysician.		
10. Do	o 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 vent	ted, it is STRONG
ad	vised that you discuss this issue with your private physician.		
11. Do	you need an escort for mobility or medical reasons?	YES.	NO
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3. Do	ve you received a diagnosis involving memory impairment?	YES	NO
3. Do :	ye you received a diagnosis involving memory impairment? you have a Do Not Resuscitate order? eve received the COVID19 Vaccination and have enclosed a copy:	YES YES	NO NO
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