

CIHF use only- Last Name: \_\_\_\_\_ LN: \_\_\_\_\_ DR: \_\_\_\_\_



## Veteran Application

Central Illinois Honor Flight recognizes veterans for their sacrifices and achievements by flying them to Washington, DC to see THEIR memorials – as our guests on a one-day event. Top priority (for which we are currently accepting applications) is given to WWII veterans and terminally ill veterans from all wars. In the future, Central Illinois Honor Flight will be expanded to include Korean and Vietnam veterans. So that Central Illinois Honor Flight may help ensure a safe, memorable and rewarding experience, guardians fly with the veterans on every flight providing assistance and support. For what you and your comrades have given, please consider this a small token of appreciation from all of us at Central Illinois Honor Flight.

For further information, please contact us at 217 254 2986 or visit us at [www.centralillinoishonorflight.org](http://www.centralillinoishonorflight.org)

Your Name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(as it appears on your ID for airline travel) (if applicable)

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

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

Phone: primary \_\_\_\_\_ Phone: cell \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

How did you hear about Central Illinois Honor Flight? \_\_\_\_\_

Shirt size: (circle)    S    M    L    XL    XXL    XXXL    4XL    5XL

### **Family Contact – Non Spouse (son, daughter, niece, nephew, etc)**

Name: \_\_\_\_\_ Phone: primary \_\_\_\_\_

E-mail address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Other Family/Friend Contact – Non Spouse**

Name: \_\_\_\_\_ Phone: primary \_\_\_\_\_

E-mail address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Spouse Contact**

Name: \_\_\_\_\_ Phone: primary \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Emergency Contact - (someone available the day you travel with us)**

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

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

Phone: primary \_\_\_\_\_ Phone: cell \_\_\_\_\_

**Service History**

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Home Town (from which city & state did you enter the service?): \_\_\_\_\_

Activity during WWII: \_\_\_\_\_

\_\_\_\_\_

**Medical: Information provided will NOT disqualify you. It permits us to assess the support we need to provide during the trip. Information is for Central Illinois Honor Flight and volunteer medical personnel only. Please note that you will be required to climb up and down short flights of steps on and off buses. Your physician must be aware of your planned participation in this day-long trip.**

**Has your physician given permission for you to go on this flight/trip? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Prescription Medications:**

Medication	How often taken?	Medication	How often taken?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List any drug and food **allergies** you may have: \_\_\_\_\_

Do you have any history of **seizures**? Yes No

If yes, when was your last seizure? \_\_\_\_\_

(If within the last 5 years, we **STRONGLY** advise you discuss the trip with your physician)

Do you have problems with **motion sickness** (air or sea)? Yes No

If yes, is it controlled with medications? Yes No

(If not controlled with meds, we **STRONGLY** advise you discuss the trip with your physician)

Any history of **open head injuries, sinus problems, or ear problems**? Yes No

If yes, have you flown since the open head injury, sinus/ear problems occurred?

Yes No

If yes, did you have any problems during the flight?

Yes No

(If yes, we **STRONGLY** advise you discuss the trip with your 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 physician)

Do you have any **breathing problems**? Yes No

Do you use a home nebulizer machine or CPAP? Yes No

(If yes, we **STRONGLY** advise you discuss the trip with your physician)

Do you use **oxygen** at any time? Yes No

(If yes, your physician **MUST** write a prescription for oxygen to be used during the flight and during the tour. The prescription should be turned in with your application.)

Do you have a problem **walking** the length of a football field unassisted? Yes No

If yes, please describe the reason (lung problems, arthritis, heart problems, etc):

\_\_\_\_\_  
\_\_\_\_\_

Do you use **mobility** equipment? Yes No

If yes, please circle the device: Cane Walker Wheelchair Scooter

Are you a **diabetic**? Yes No

If yes, how is it controlled? Diet oral medication insulin

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, you must discuss the issue with your physician)

Your current weight: \_\_\_\_\_

**Any other significant Medical History:**

\_\_\_\_\_  
\_\_\_\_\_

Is there a person with whom you wish to fly – either a Veteran or Guardian?

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Every effort will be made to comply with your request, but we cannot guarantee this will happen. Spouses of veterans CANNOT be Guardians.

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 **Central Illinois Honor Flight** trips and events, my image may appear in a public forum, such as the media or a website, to acknowledge, promote, or advance the work of **Central Illinois Honor Flight** program. I hereby release the photographer and **Central Illinois Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Central Illinois Honor Flight** activities through video, photo, or other media, to be used solely for the purposes of **Central Illinois Honor Flight** promotional material and publications and waive any rights of compensation or ownership thereto.
- 2) I further state that medical insurance is my responsibility and I understand that **Central Illinois Honor Flight** does NOT provide medical care. I understand that I accept all risks associated with travel and other **Central Illinois Honor Flight** activities and will not hold **Central Illinois Honor Flight** responsible for any injuries incurred by me while participating in the **Central Illinois Honor Flight** program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail to:

**Central Illinois Honor Flight  
Attn: Veteran Application  
712 E. Jefferson  
Effingham, IL 62401  
217-254-2986**

**OR**

**Fax to:  
866-692-5770**