



HONOR FLIGHT KENTUCKY

Veteran Application

First Name	Middle Name	Last Name
Enter your First, Middle and Last name as they appear on the photo ID you will use at the airport		

Address	City
County	State Zip Code
Enter the address where you receive mail	

Daytime Phone	Cell Phone
E-mail	T-shirt Size
Date of Birth (mm/dd/yyyy)	Age

Emergency Contact Name	Relationship
Daytime Phone	Cell Phone
someone who will be available the day you travel	

Alternate Contact Name	Relationship
Daytime Phone	Cell Phone
someone ELSE who will be available the day you travel	

<table border="1"> <tr> <td>Branch of Service</td> <td>WW II 1941 - 1945</td> <td>Korea 1950 - 1955</td> <td>Vietnam 1961 - 1975</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table>	Branch of Service	WW II 1941 - 1945	Korea 1950 - 1955	Vietnam 1961 - 1975					<table border="1"> <tr> <td>Rank</td> </tr> <tr> <td> </td> </tr> </table>	Rank	
Branch of Service	WW II 1941 - 1945	Korea 1950 - 1955	Vietnam 1961 - 1975								
Rank											
Which Branch of Service and when you served											
Activity during your military service _____											
Is there someone you want to go with you as your Guardian?											

Mail completed application to:
Honor Flight Kentucky, P.O. Box 1, Winchester KY 40392

Do you use a cane, a walker or a wheelchair? **Specify**

Can you walk up & down a set of eight bus steps with assistance? **yes or no**

Can you walk the length of a football field without assistance? **yes or no**

Do you have a history of seizures? **Describe**

Do you have problems with motion sickness? **Describe**

Do you have a history of sinus or ear problems? **Describe**

Do you have any breathing problems? **Describe**

Do you use oxygen at any time?

Do you use a home nebulizer machine?

Are you legally blind?

Are you color blind?

Are you deaf or hard of hearing?

Do you have a colostomy bag?

Have you been diagnosed with diabetes?

How is it controlled?

Do you wear or have a heart pacemaker implanted?

Have you been diagnosed with dementia or Alzheimer's disease?

What medications are you taking? **(name, dosage and how often you take it)**

Are you allergic to any drugs or foods ? **Describe in detail**