



# 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

Requested Flight Info: (were you told to use a date or code for a flight? Enter it here. If no, leave blank)

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?

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**