



HONOR FLIGHT KENTUCKY Veteran Application

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

First Name	Middle Name	Last Name

Enter the address where you receive mail

Address	City
County	State Zip Code

Daytime phone	Cell phone
email	T Shirt Size
Date Of Birth (mm/dd/yyyy)	Age

Spouse's Name	
Daytime phone	Cell phone
someone that will be available the day you travel	
Emergency Contact Name	Relationship
Daytime phone	Cell phone

What Branch of Service and when did you serve	
Branch of Service	Rank

What dates were you in military service	
From:	to:

What were your military duties _____

Where were you stationed _____

Were you awarded any medals _____

Is there someone you want to go with you as your Guardian ?
They must complete a separate Guardian application. Your Spouse CAN NOT go as your Guardian



Do you use a wheelchair		Do you use a cane		Do you use a walker	
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Circle YES or NO Give details if needed		
Can you walk up & down a set of eight bus steps <i>with</i> assistance ?	YES	NO
Can you walk the length of a football field <i>without</i> assistance ?	YES	NO
Do you have a history of seizures ?	YES	NO
Do you have problems with motion sickness ?	YES	NO
Do you have a history of sinus or ear problems ?	YES	NO
Do you have any breathing problems	YES	NO
Do you use bottled oxygen at any time ?	YES	NO
Do you use a home Nebulizer machine ?	YES	NO
Do you have a heart pacemaker implanted ?	YES	NO
Are you hard of hearing ?	YES	NO
Have you been diagnosed with Dementia or Alzheimer's disease ?	YES	NO
Are you Diabetic - if so how is it controlled	YES	NO
Do you have Urostomy, Foley, or a Colostomy bag ?	YES	NO
Are you legally blind ?	Are you color blind ?	

What Medications are you taking (name, dosage, and how often do you take it) :

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

How did you hear about Honor Flight ?