World War II Veteran

Honor Flight Austin Application and Pre-Flight Checklist

Honor Flight Austin is dedicated to honoring and serving our Veterans on this trip of a lifetime to the members of the Greatest Generation with an all-expense paid trip to Washington D.C. This is our way to say "Thank you" for serving our country when our Nation needed you the most and for the sacrifices you made to keep our country safe and free to this day.

The World War II Memorial honors the 16 million who served in the armed forces of the U.S., the more than 400,000 who died, and all who supported the war effort from home. Symbolic of the defining event of the 20th Century, the memorial is a monument to the spirit, sacrifice, and commitment of the American people.

Information

- Applications are logged in the order of when the application is postmarked/received but WWII Veterans will get priority seating on each flight scheduled.
- If you and another WWII Veteran will like to attend the trip together and room with each other, please complete and submit the applications together
- Our Flight schedule is usually in the Spring (April, May) and Fall (September, October)
- Once you have been selected to join us on a flight, you will be contacted 1-2 months prior to the departure date. (Please note that there may be changes on the flight and you may be called at a last minute's notice if you could join or not).
- We fly on Southwest with other passengers
- We travel with our medical staff to ensure your safety and they will be able to respond to any emergencies. Licensed/Active EMS personnel are traveling with us on this flight in uniform.

- This is an overnight trip and will be returning the next night after departing. You will be rooming with another Veteran or assigned guardian depending on any special medical issues we notice on your application. All Veterans will have someone to room with overnight and no one will be staying alone.
- If you are unable to walk at all and requesting a full lift and carry at all time and wheelchair lift on a bus, please indicate this need on the application.
- If you can, please send us a copy of a photo of yourself during your service.

Our Veterans are accompanied by volunteer guardians, who join us along the trip to ensure safety and comfort for you. Please note that **Guardians seats are limited** per flight and **are reserved for our Veterans needing the most care throughout the trip**. We will have D.C. and Austin guardians to assist you for the two days you are on the flight with us if you do not have an assigned guardian. Our medical team will be assessing which Veterans will qualify for a personal guardian and you will be informed on whether they are able to attend or not.

Please submit applications and any other paperwork to the following address:

Honor Flight Austin
ATTN: WWII Veteran Application
815 A-Brazos St, UPS Box 498
Austin, Texas, 78701

Email: applications@honorflightaustin.org

Please contact Steve Quakenbush at 512-992-7133 or by email at scubaq@gmail.com, if you have any questions at all.

We look forward to meeting you and thank you once again for your service.

FOR HONOR FLIGHT AUSTIN USE ONLY

DATE RECEIVED_____ LAST NAME _____

Honor Flight Austin WWII Veteran Application and Pre-Flight Checklist

Honor Flight Austin recognizes and honors American Veterans for your sacrifices and achievements 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 our WWII and terminally ill Veterans from all wars. In order for Honor Flight Austin to achieve this goal, guardians will be with the Veterans on every flight providing assistance and helping Veterans to have a safe, memorable and rewarding experience. For what you and your comrades have given to us, please consider this a small token of appreciation from all of us at HFA. For further information, please contact us toll free at 1-888-530-8880 or visit our website at www.honorflightaustin.org.

THANK YOU FOR YOUR SERVICE!!

GENERAL INFORMATION: *Your name must match **EXACTLY** to the government issued picture I.D. that you plan to use at the airport security checkpoints.*

Last Name: _____

First Name: _____

Middle name or Initial (If Applicable) _____

Nickname (That you would like to be called): _____

Date of Birth: Month: _____ Day: _____Year: 19_____

Gender (Male, Female) _____ *Weight:* _____ *Height:* _____

Address: _____

City: _____, **Texas,** Zip Code_____

Phone Numbers: **Home** (_____) _____, **Cell** (_____) _____

Email (If Applicable): _____

Polo Shirt Size: (Small, *Medium, Large, XL, XXL, XXXL)* _____

PLEASE NOTE THAT OUR POLO SIZES RUN BIGGER THAN NORMAL*

Please check all applicable items that might be a concern during the airport screening

Pacemaker or ICD (Please note/circle one)	
Defibrillator	
Metal Implant (Hip, knee joints)	
Insulin pump and/or Insulin loading dispensing products	
Oxygen and / or respiratory- related equipment	

MILITARY SERVICE HISTORY:

Branch of Service: _____

Military Rank at Completion of Service: _____

Hometown: (from what city and state did you enter the service?) _____

Where did you serve? _____
_____
_____
_____

What was your job or assignment in the military? _____
_____

Activity during WWII (Theatre of Operation, unit, division, battalion, ship, plane, etc):
_____
_____
_____
_____
_____

Calendar Years of Service: _____

Personal awards, medals, honors, and/or unit commendations: _____
_____
_____
_____

EMERGENCY CONTACTS:

List two (2) people you would like us to contact in case of an emergency. Email would be great if they have one.
(If available, please list at least one family member other than your spouse as a contact)

1) Name: _____ Relationship_____

Phone Numbers: **Home** (_____) _____, **Cell** (_____) _____

Email: _____

2) Name: _____Relationship_____

Phone Numbers: **Home** (_____) _____, **Cell** (_____) _____

Email: _____

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DAILY ACTIVITIES: *Please check the boxes that apply to you*

In the past 3 months I have needed help with these activities?

	NEVER	SOMETIMES	ALWAYS
Dressing	☐	☐	☐
Using the bathroom	☐	☐	☐
Eating	☐	☐	☐
Taking Medication	☐	☐	☐
Bathing/Showering	☐	☐	☐

In the past 3 months, I have required the need for one or more of the following.

	NEVER	SOMETIMES	ALWAYS
Cane	☐	☐	☐
Walker	☐	☐	☐
Wheelchair	☐	☐	☐

In the past 3 months, difficulty or needing assistance with the following activities?

	NEVER	SOMETIMES	ALWAYS
Standing for 20 minutes	☐	☐	☐
Walking 3 blocks	☐	☐	☐
Climbing Steps (Stairs/Bus)	☐	☐	☐
Moving around the house	☐	☐	☐
Getting up from a chair	☐	☐	☐
Getting out of Bed	☐	☐	☐

1. Are you ***ABLE*** to climb/walk 4-5 steps to get on/off the bus more than once?

Yes: ☐ **No:** ☐

MEDICAL CONDITIONS: *Please place a checkmark next to the condition(s) that you currently have or have had in the past 5 years*

Any specific medical concerns we should be aware of that would affect you during the trip?

_____

_____

_____

PLEASE CHECK THE BOXES THAT APPLY TO YOU

1) NUTRITION AND/ OR GI PROBLEMS

A. Diabetes	Yes: ☐	No: ☐

Insulin: ☐ Oral Medication: ☐ Both: ☐
I monitor my blood sugar myself: Yes: ☐ No: ☐

B. Diet/Food restrictions, requirements, or allergies	Yes: ☐	No: ☐

Please explain_____
_____

C. Urostomy Bag:	Yes: ☐	No: ☐	**D.** Colostomy Bag:	Yes: ☐	No: ☐

Do you maintain it/ them by yourself? Yes: ☐ No: ☐

Note: Please make sure your bag is vented prior to the flight. If you do not know if your bag is vented please discuss this with your physician

2) NERVOUS SYSTEM PROBLEMS

A) Dementia	Yes: ☐	No: ☐
B) Alzheimer's	Yes: ☐	No: ☐

SKIP QUESTIONS 1-4 BELOW IF YOU MARKED "NO" FOR BOTH QUESTIONS ABOVE

1) Are you comfortable in a crowd? Yes: ☐ No: ☐
2) Do you participate in activities outside your home? Yes: ☐ No: ☐
3) Are you more confused in the evenings? Yes: ☐ No: ☐
4) When was the last time you spent the night away from home? _____

Comments: _____

C) Stroke	Yes: ☐	No: ☐	If yes, what year?

If yes, explain any resulting problems _____
_____

D) Parkinson's Disease	Yes: ☐	No: ☐
E) Motion Sickness	Yes: ☐	No: ☐
F) Epilepsy or Seizures?	Yes: ☐	No: ☐

What was the date and type (If known) of your last seizure? _____
_____

Is your motion sickness controlled with medication? Yes: ☐ No: ☐

Note: If your last seizure occurred within the past 5 years, it is STRONGLY advised that you discuss this trip with your physician

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DATE RECEIVED_____ LAST NAME _____

3) EYE, EAR, NOSE, THROAT, HEAD PROBLEMS

A) EYES

1) Infection, inflammation, other problems	Yes: ☐	No: ☐

Please explain: _____

_____

Please select the following box of which eye(s) sight is lost.

Right Eye	Percentage Loss:
Left Eye	Percentage Loss:

B) EARS

1. Infection, inflammation, other problems	Yes: ☐	No: ☐

Do you experience any issues with your ears during a flight? Yes: ☐ No: ☐

Please explain any issues: _____

_____

Please select the following box of which ear(s) hearing is lost

Right Ear	Percentage Loss:
Left Ear	Percentage Loss:

1) Any problems with imbalance and/or dizziness?	Yes: ☐	No: ☐

Please explain: _____

_____

C) NOSE AND SINUSES

Infection, inflammation, allergies?	Yes: ☐	No: ☐

Please explain: _____

_____

D) THROAT

Any difficulty swallowing?	Yes: ☐	No: ☐

Please explain: _____

_____

Do you have a history of an open or closed head injury? Yes: ☐ No: ☐
Please explain along with any issues you experienced: _____

_____

Note: Talk to your doctor if you feel that there may be a concern about flying

4) HEART/ VASCULAR PROBLEMS

Heart Attack?	Yes: ☐	No: ☐	If yes, what year(s)

1. Chest Pain?	Yes: ☐	No: ☐
1a. If yes, is it controlled with medication?	Yes: ☐	No: ☐
2. High Blood Pressure?	Yes: ☐	No: ☐
2a. If yes, is it controlled with medication?	Yes ☐	No: ☐
3. Irregular Heart Beat (Arrhythmia)	Yes: ☐	No: ☐
4. Congestive Heart Failure (CHF)	Yes: ☐	No: ☐
5. Blood Clots	Yes: ☐	No: ☐
6. Cramping	Yes: ☐	No: ☐

Other: Specify _____

5) LUNG/ BREATHING PROBLEMS

1) Asthma	Yes: ☐	No: ☐
2) Bronchitis (Current?)	Yes: ☐	No: ☐
3) Emphysema	Yes: ☐	No: ☐
4) Sleep Apnea	Yes: ☐	No: ☐
5) Pulmonary Embolism	Yes: ☐	No: ☐

Other: Specify_____

2. Do you become short of breath walking one block? Yes: ☐ No: ☐

6) OXYGEN AND BREATHING EQUIPMENT

I use Oxygen	Yes: ☐	No: ☐

If yes, please answer 1-3 that apply to you:

1) What is your flow setting? _____
2) How many hours a day do you use oxygen? _____
3) If you know, what is your normal oxygen saturation? _____%

Note: A doctor's prescription is required to use portable oxygen. You will need to contact your doctor to write the prescription and then submit it to Honor Flight Austin at least 3 weeks before departure date.

I will be traveling with CPAP	Yes: ☐	No: ☐

Settings: _____

I will be traveling with BiPAP	Yes: ☐	No: ☐

Settings: _____

I use a nebulizer machine for my breathing treatments	Yes: ☐	No: ☐
- If yes will you bring your own nebulizer on the trip?	Yes: ☐	

Note: You are STRONGLY encouraged to discuss the use of a portable nebulizer or an inhaler during the trip with your physician

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7) CANCERS

1) Have you been diagnosed with Carcinoma, Sarcoma, Leukemia, Lymphoma, and/or Myeloma in the past? Yes:_____☐_____ No:_____☐_____
2) If yes, please list what type:_____
_____
3) In the past 3 months, have you received treatment (Chemotherapy, Radiation, surgery, transfusions)? Yes:_____☐_____ No:_____☐_____
4) If yes, please list what type and date of last treatment:_____
5) Prognosis? Yes:____☐ No:____☐ Indicate what it is_____
_____

MEDICATIONS: You are welcome to attach a pre-printed list of your medication as long as it has the name of the drug, dosage, and how often you take it.

NAME OF MEDICATION	DOSAGE	HOW OFTEN?

If there is anything else we should know about your physical/medical situation or special needs please explain here. **Feel free to add attachments**

if you feel that waiting will be an issue for the Veteran to be on our Flight later than right away, please explain here as well and any other pertinent information regarding your health.

_____
_____
_____
_____

Thank you for answering and submitting this assessment. Please know that anything you say WILL NOT disqualify you from going on the Honor Flight, so please answer all the necessary questions.

We want to respect your health care wishes. If you have an advance directive, durable power of attorney, or other health care documents that you would like us to carry on the trip, please send them with this assessment.

All information provided by you, including all health information is strictly confidential and WILL NOT be shared with anyone except appropriate Honor Flight staff. All HIPAA guidelines are strictly followed by Honor Flight Austin

PLEASE REVIEW CAREFULLY AND SIGN (REQUIRED):

This undersigned acknowledges and agrees that:

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

SIGNED: _____

*(If submitting through email please type the following in signature block **//Signed// NAME OF VET**)*

DATE: _____