HFC USE ONLY: Last name _____ Date received _____

Honor Flight Chicago Veteran Combined Application and Medical Form 2020

Honor Flight Chicago recognizes America's senior war veterans for their bravery, determination, and patriotism with an all-expense-paid, one-of-a-kind journey to Washington, D.C., for a day of honor, thanks, and inspiration. You have been invited to complete this seven-page application because we anticipate flying you in 2020.

As soon as the completed form is received by Honor Flight Chicago and it is confirmed that all pages are complete, we will send it to our Medical Team for review. When approved, you will be placed in the queue for one of our upcoming flights. Priority is given to our most senior veterans, our WWII and Korean War veterans. All Honor Flight Chicago trips depart and return from Chicago Midway International Airport. For further information, please contact us at **773-227-8387** or go online to **honorflightchicago.org**.

Please *complete* and submit <u>all seven pages</u> of this form with required signature(s) as soon as possible to:	Honor Flight Chicago Attn: Veteran Combo App 2020 9701 W. Higgins Rd., Suite 310 Rosemont, IL 60018-4703	**Scan & Email:** applications@honorflightchicago.org ****Fax** to 773-289-0909 ***Confirm <u>all 7 pages</u> have sent*

Your name: _____ Nickname: _____
(As written on your state ID. NOTE: Real ID required after 10/1/20) (If applicable)

Address: _____ Unit #: _____

City: _____ State: _____ Zip: _____ County: _____

Home phone: _____ Cell phone: _____

Email address: _____

Date of birth (Month/Day/Year): _____ /_____ /_____ Weight: _____ Height: _____

Gender: ☐ Male ☐ Female Polo shirt size: ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ XXXL

How did you hear about Honor Flight Chicago? _____

I am a veteran of: ☐ WWII (12/41-12/46) ☐ Korean War (6/50-1/55) ☐ Vietnam War (11/55-5/75)

Dates you served in the military (Month/Year to Month/Year): _____ /_____ to _____ /_____

Branch of service: ☐ Army ☐ Air Force ☐ Navy ☐ Other _____
☐ Marines ☐ Coast Guard ☐ Merchant Marines

Rank: _____ Service number (optional): _____

Hometown (From which city and state did you enter the service)? _____

Country(ies) where you served: _____

_____

Activity during the war: _____

_____

PHONE

REFERRED BY

Please list your current work experience (if retired, please list your most recent work experience):

Organization: _____ Title:_____ Dates (from/to):_____

Responsibilities/accomplishments: _____

CONTACT INFORMATION

Primary emergency contact (someone available the day you travel):

Name: _____ Relationship:_____

Address: _____ City:_____ State:____ Zip: _____

Phone: Day _____ Evening _____ Cell_____

Email:_____

Non-Spouse alternate contact (son, daughter, grandchild, personal friend):

Name: _____ Relationship:_____

Address: _____ City:_____ State:____ Zip: _____

Phone: Day _____ Evening _____ Cell_____

Email:_____

BUDDY & GUARDIAN INFORMATION

If you and a fellow veteran would like to travel together, please ask him/her to complete a Veteran Application. In addition, please include your buddy's name and number below so that we can try to pair you together on the same flight. Since we invite our veterans to fly based on date order of applications received, we may not be able to accommodate your request. We will discuss this with you when we call to invite you on your flight.

Buddy name: _____ Buddy Phone: _____

Buddy email (if applicable): _____

Honor Flight Chicago provides trained Guardians to ensure you have a safe and memorable experience. If you would prefer to have a family member (child, grandchild, niece, nephew, etc., aged 18 - 66) be considered as your Guardian, provide their name below and have them complete a Guardian Application at honorflightchicago.org. Guardians must attend a three hour training class and pay a fee to cover a portion of the day's cost. Completion of the Guardian Application combined with the information below ensures that your request is considered, however selection is not guaranteed. Medically necessary family Guardians are seated first, then all other requests are considered for any available open seats. Your spouse is NOT eligible.

Requested guardian name: _____ Phone: _____

Requested guardian email: _____ Relationship: _____

Additional comments or concerns: _____

_____

YOUR MEDICAL INFORMATION

1. Place of residence:
   ☐ Private home ☐ Private condo/apartment ☐ Independent living
   ☐ Assisted living ☐ Nursing home ☐ Retirement Community

   Who do you live with? Name:_____ Relationship: _____

   Name of Residence Facility/Community: _____

2. Do you have a personal care attendant? ☐ Yes 8-12 hours ___ 24 hours ___
   2-4 times per week ___
   ☐ No

3. Do you attend adult day care? ☐ Yes How many days per week? _____
   ☐ No

4. Please check all that apply: ☐ Cane ☐ Walker ☐ Crutches ☐ Wheelchair
   ☐ Scooter ☐ Prosthetics/braces ☐ None of the above

5. Can you climb five stairs using handrails with minimal assistance ☐ Yes ☐ No
   If not, we can provide a wheelchair lift into and out of the bus.

6. How far can you walk without assistance?
   ☐ None ☐ 0-10 steps ☐ 25 feet ☐ One block or more

7a. Have you suffered an injury from a fall in the past six months? ☐ Yes ☐ No

   If yes, please specify:_____

7b. Have you been hospitalized or had surgery in the past six months?
   (If yes, please list below) ☐ Yes ☐ No

Reason for Surgery or Hospitalization	Date

8. Do you have diabetes? ☐ Yes ☐ No
   If yes, how do you control it? ☐ Insulin ☐ Pill ☐ Diet controlled
   If controlled with Insulin injections, your private physician must write a prescription for Insulin to be used on flight day. Insulin prescription *MUST* be turned in with your application.
   You are REQUIRED to bring your Insulin or oral medication, injection supplies, and glucometer on the trip. If you arrive at the airport without these, you may not be allowed on the trip.

9. Do you have a pacemaker? ☐ Yes ☐ No
   Do you have a defibrillator ☐ Yes ☐ No
   Do you have a history of heart problems? ☐ Yes ☐ No If yes, please specify: _____

10. History of COPD or asthma?
☐ Yes ☐ No If yes, please describe:_____

11. Are you prescribed oxygen by your doctor?
☐ Yes ☐ No If yes, how many liters? _____
☐ 24 hours ☐ As needed ☐ With sleep apnea mask
☐ Night time only (not related to sleep apnea)

If yes, your private physician must write a prescription for oxygen to be used during the fligh and/or day. Oxygen will be provided by Honor Fight Chicago. Oxygen prescription ***MUST* be turned in with your application.**

12. Do you need nebulizer treatments or use an inhaler?
☐ Yes ☐ No If yes, how often? _____

13. Any history of heat exhaustion or difficulty breathing in the heat ☐ Yes ☐ No

14. Do you have a history of high blood pressure or on medication for it? ☐ Yes ☐ No

15. Do you have any history of visual impairment (other than glasses)?
☐ Yes ☐ No If yes, please describe:_____

16. History of neurological problems (i.e., stroke, Parkinson's disease)?
☐ Yes ☐ No If yes, please describe:_____

17. History of seizures or taking seizure medications? ☐ Yes ☐ No
If yes, please list type of seizure: (i.e., grand mal, petit mal, other) _____
When was your last seizure? _____

18. Do you have problems with motion sickness? ☐ Yes ☐ No

19. History of dementia or Alzheimer's OR are you on prescription medications for memory?
☐ Yes ☐ No

20. History of anxiety or PTSD-related symptoms? ☐ Yes ☐ No

21. Do you use incontinence pads?
Bladder: ☐ Yes ☐ No Bowel: ☐ Yes ☐ No
How often do you need to change your pads/depends? _____
Are you able to change: ☐ Independently ☐ With minimal assistance ☐ With stand-by assistance
Does someone provide this care for you? ☐ Yes ☐ No

22. Do you have a foley, urostomy, or colostomy bag? ☐ Yes ☐ No

23. Are you currently undergoing dialysis? ☐ Yes ☐ No

24. Do you smoke? ☐ Yes ☐ No

25. Please list any allergies you have_____

Any bee sting reaction? ☐ Yes ☐ No

Do you carry an epinephrine pen with you? ☐ Yes ☐ No

If yes, please bring your epinephrine pen with you on the trip. Initial here: _____

26. **Other medical or health concerns not previously disclosed:**

_____

_____

_____

MEDICATIONS (List or attach a separate sheet)

Honor Flight Chicago medical volunteers are not authorized to dispense medications

Physician's name: _____

Physician's phone number:_____ Fax number: _____

Date of last exam: _____

Other **physician's** name: _____

Physician's phone number:_____ Fax number: _____

Date of last exam: _____

MEDICAL RELEASE

The information I have provided is complete and accurate. I understand that Honor Flight Chicago medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. Honor Flight Chicago must medically approve all participants to fl . I agree to notify Honor Flight Chicago immediately should my medical condition change prior to the trip. If any of this information is **falsifie or pertinent medical information is omitted**, or if my medical conditions change or are determined by Honor Flight Chicago to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Honor Flight Chicago. I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility and that Honor Flight Chicago does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Chicago activities, and that I have executed a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Chicago while participating in the program. ***I hereby give consent and permission to any of my medical providers or emergency medical providers to discuss and release my health and treatment information for treatment purposes I may require during my participation in the Honor Flight Chicago program and my signature on this page shall be sufficient evidence of my consent.*** My signature authorizes you to call my physician or any other personnel familiar with my care to discuss my medical history. Please note that a facsimile signature will also be accepted as an original signature.

Sign Here

Veteran signature required: _____

Please print your name:_____ Date form completed: _____

If the Veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name:_____

Please print your name:_____

Relationship: _____ Phone number: _____

HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

(PAGE 1 OF 2)

I, _____, am about to voluntarily participate as a participant or a volunteer in various Activities, which may include but are not limited to either being escorted or escorting individuals with disabilities, crowd control and interaction, taking commercial aircraft flights, physical activities, driving to activities, preparing documentation and other activities as a participant or as a volunteer with or on behalf of and at the direction of Honor Flight Chicago Corp, an Illinois not for profit corporation, which includes any office , director, employee, volunteer or agent thereof ("Honor Flight Chicago"). In consideration of and as a condition of Honor Flight Chicago permitting me to participate in these Activities, the sufficiency and receipt which I hereby acknowledge, knowingly, on behalf of myself, my heirs, administrators, successors, executors and assigns, hereby covenant and agree:

(i) I am aware that there are inherent risks in the Activities and that I am freely assuming all risks of any nature and damages related to such Activities including those related to my own health issues and fully release Honor Flight Chicago from all such liability relating to same.

HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

(ii) To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim or suit of any nature against Honor Flight Chicago for any destruction, loss, damage or injury (including death) to my person or property or that of others which may occur from any cause whatsoever as a result of my participation now or in the future, known or unknown, foreseen or unforeseen in the activities of Honor Flight Chicago, and agree to discharge, defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.

(iii) I hereby forever, waive, release and discharge any demands or claims or suits of any nature, known or unknown irrespective when such occur now or in the future, known or unknown, foreseen or unforeseen including but not limited to any destruction, loss, damage or injury (including death) to my person or property or that of others arising from my participation in the Activities, against Honor Flight Chicago, and agree to defend, indemnify and hold Honor Flight Chicago harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.

(iv) Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight Chicago that I agree that venue and jurisdiction is limited to that of the Courts in Cook County Illinois and or the United States District Court for the Northern District of Illinois Eastern Division and that Illinois law shall govern.

I hereby, authorize Honor Flight Chicago the continued right in perpetuity to photograph, film or video my Activities and to publish same and or use such in the legitimate promotion of Honor Flight Chicago as they deem fit and as such I waive any right to approve same in advance.

I ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS TERMS AND CONDITIONS AND VOLUNTARILY AGREE TO THE TERMS.

Veteran signature required: _____

Please print your name:_____ Date form completed:_____

If the Veteran was assisted in completion of this form, please sign here and print your name, relationship and phone number:

Please sign your name:_____

Please print your name:_____

Relationship: _____ Phone number: _____

Please print this form out in its entirety and mail, fax or scan & email the completed document to Honor Flight Chicago.

If completing the form electronically, please save the document to your computer first before printing. Electronically completed forms will not print properly if not saved first.

Mail, fax, or scan & email all seven pages to:

Honor Flight Chicago
Attn: Veteran Combo App 2020
9701 W. Higgins Rd., Suite 310
Rosemont, IL 60018-4703
Fax: 773-289-0909
Email: applications@honorflightchicago.org