



BLUE RIDGE HONOR FLIGHT VETERAN APPLICATION

Application and Medical Form

I am a Veteran of: World War II _____ Korea _____ Vietnam _____
Other Conflict _____

Blue Ridge Honor Flight recognizes America's war Veterans for their service and sacrifice by flying them all-expense paid to Washington DC for a personal day of honor. We will fly our WW II Veterans as long as there are WW II Veterans. We are flying Korean War Veterans, Vietnam War Veterans and veterans of any conflict who may have a life limiting illness.

When the completed application is received by Blue Ridge Honor Flight via US mail and it is confirmed that all pages are complete, it will be reviewed by our Medical Team. Upon approval of your application, you will be placed in the queue for one of our upcoming flights. All Blue Ridge Honor Flights depart from and return to the Asheville Regional Airport and are currently landing at Baltimore Washington International Airport (BWI). For further information, please contact us at **1-828-776-0650**; via e-mail to janwville453@gmail.com or go online to www.blueridgehonorflight.com

SPouses are NOT eligible to accompany the veteran on this flight.

[INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED]

Please complete, **SIGN** and submit **ALL** pages of this application to:
BLUE RIDGE HONOR FLIGHT
Attention: VETERAN APPLICATION
PO Box 18057
Asheville, NC 28814

Your name: _____ Nickname: _____
(As it appears on your ID for airline travel) (If applicable)

Address: _____

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

Primary phone: _____ Cell Phone: _____

Email address: _____

Date of birth (Month/Day/Year): ____/____/____ Gender: Male _____ Female _____

Height: _____ Weight: _____ Polo shirt size (Please check your size): S _ M _ L _ XL _ XXL _ XXXL _

Dates of service (Month/Year to Month/Year): ____/____/____ to ____/____/____

Branch of Service: Army _____ Air Force _____ Navy _____
 Marines _____ Coast Guard _____ Other _____

Country(ies) where you were deployed: (please use the reverse side of this application if needed) _____

Activity during your service: (please use the reverse side of this application if needed) _____

Awarded/Eligible for Korean Service Medal (Korean Veterans) Yes ____ No ____ (see website ref. below)

<http://www.tioh.hqda.pentagon.mil/Catalog/Heraldry.aspx?HeraldryId=15304&CategoryId=4&grp=4&menu=Decorations%20and%20Medals&ps=24&p=0>

Awarded/Eligible for Vietnam Service Medal (Vietnam Veterans) Yes ____ No ____ (see website ref. below)

<http://www.tioh.hqda.pentagon.mil/Catalog/Heraldry.aspx?HeraldryId=15307&CategoryId=4&grp=4&menu=Decorations%20and%20Medals&ps=24&p=0>

Other Medals or Citations _____

CONTACT INFORMATION

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

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Evening _____ Cell _____
Email: _____

Family Member contact (son, daughter, grandchild):

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Evening _____ Cell _____
Email: _____

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Evening _____ Cell _____
Email: _____

Non-Family Member contact (neighbor, friend, significant other)

Name: _____ Relationship: _____
Address: _____ City: _____ State: _____
Phone: Day _____ Evening _____ Cell _____
Email: _____

Please use reverse side or additional sheet to list contacts.

SPOUSES ARE NOT ELIGIBLE TO ACCOMPANY THE VETERAN ON THIS FLIGHT.

MEDICAL INFORMATION

1. Place of residence: _____

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

2. Do you have a personal care attendant? Hours Weekly _____ 24 hours _____ None Needed _____

Do you need assistance with activities of daily living: Yes _____ No _____

If Yes, what activities do you require assistance with: _____

3. **MOBILITY EQUIPMENT: If you use this equipment, please indicate type and how often you use it**

Prosthetics/braces _____

4. Can you climb five stairs using handrails with minimal assistance? Yes _____ No _____

5. How far can you walk without assistance?

Not at all _____ One Block _____ Up to One Mile _____

6. a. Have you suffered an injury from a fall? Yes _____ No _____ If so, when: _____

If yes, were you hospitalized and for how long: _____

Injuries Suffered and Resolution _____

7. Have you been hospitalized or had surgery in the past six months? Yes _____ No _____

Reason for Surgery or Hospitalization and Duration of Hospital Stay (use additional sheet if necessary)	Date

8. Do you have diabetes? Yes _____ No _____

If Yes, how is it controlled? Insulin _____ Medication _____ Diet Controlled _____

Do you have high blood sugar? Yes _____ No _____ Type? _____

Do you have low blood sugar? Yes _____ No _____ Type? _____

9. Do you have a history of breathing problems? Yes _____ No _____

If Yes, please describe in detail _____

10. Are you prescribed oxygen by your doctor? Yes _____ No _____

If yes, how many liters and how frequently? _____ 24 hours _____ As needed? _____

If yes, your private physician must write a prescription for oxygen to be used during the flight and/or day. Oxygen concentrators will be provided by Blue Ridge Honor Flight.

Oxygen prescription MUST BE submitted with your application.

11. Do you use a CPAP Machine? Yes _____ No _____

12. Do you need breathing treatments or nebulizer treatments or use an inhaler? Yes _____ No _____

If yes, what medication and frequency? _____

12. Do you have any history of heat exhaustion or difficulty breathing in the heat? Yes _____ No _____

14. Do you have a history of high blood pressure? Yes _____ No _____
15. Are you on blood pressure medication? Yes _____ No _____ Medication _____
16. Are you on blood thinner? Yes _____ No _____ Type of Medication _____
17. Do you have a history of heart disease? Yes _____ No _____
If Yes, what specific type of heart disease? _____
18. Do you have chest pain/angina? Yes _____ No _____ How often? _____
Congestive heart failure? Yes _____ No _____ Cardiac arrhythmia? Yes _____ No _____
Provide Specific Detail _____
19. Do you have a pacemaker? Yes _____ No _____
20. Do you have a defibrillator? Yes _____ No _____
21. Do you have a history of neurological problems (i.e., stroke, Parkinson's disease)? Yes _____ No _____
Provide **Specific Detail** of current condition (Paralysis, difficulty swallowing, walking, etc.) _____

22. Have you flown before? Yes _____ No _____
23. Do you suffer from PTSD, have panic attacks, have a **fear of crowds** or flying, or a history memory loss?
Yes _____ No _____ If yes, what type of issue do you have? _____
Do you require medication? Yes _____ No _____ Medication? _____
24. Do you have a history of seizures? Yes _____ No _____ Are seizures controlled? Yes _____ No _____
25. Do you require medication? Yes _____ No _____ Medication? _____
26. What type of seizure (i.e., grand mal, petit mal, etc.) _____
27. What are seizure triggers? _____
28. When was your last seizure? _____
29. Do you have a history of dementia or Alzheimer's **OR** are you on prescription medications for memory?
Yes _____ No _____ Medication? _____
30. Do you have problems with motion sickness, fainting, blackout spells? Yes _____ No _____
If yes, type and any medication? _____
31. Do you suffer from renal failure or are you on dialysis? Yes _____ No _____
What is the frequency of your dialysis? _____
32. 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 _____
33. Do you have a foley, urostomy, or colostomy bag? Yes _____ No _____ Type? _____
34. Have you ever had a hernia? Yes _____ No _____
35. Have you been advised to have or have had hernia surgery? Yes _____ No _____ Date of Surgery _____
36. Do you smoke/use other tobacco products? Yes _____ No _____ Tobacco Product Used _____
37. Are you a former smoker? Yes _____ No _____
38. Please list any allergies you have _____
39. 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: _____

MEDICATIONS

(List or attach a separate sheet)

THIS MUST BE COMPLETED TO PREVENT YOUR APPLICATION FROM BEING RETURNED. IF NO MEDICATIONS, PLEASE INDICATE N/A.

Name of Medication	Dose	When Taken

ON THE DAY OF THE FLIGHT, PLEASE BRING A SUPPLY OF YOUR MEDICATIONS TO LAST 3 DAYS.

Physician's name: _____

Physician's phone number: _____ **Date of last exam:** _____

Other medical or health concerns not previously disclosed:

My signature on this form authorizes you to call my physician or any other personnel familiar with my care to discuss my medical history.

MEDICAL RELEASE

The information I have provided is complete and accurate. I understand that Blue Ridge Honor Flight medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. Blue Ridge Honor Flight must medically approve all participants to fly.

I agree to notify Blue Ridge Honor Flight immediately should my medical condition change prior to the trip. If any of this information is **falsified or pertinent medical information is omitted**, or if my medical conditions change or are determined by Blue Ridge Honor Flight to be unacceptable to participate,

I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility and that Honor Flight Network and Blue Ridge Honor Flight does not provide medical care. I understand that I accept all risks associated with travel and other Honor Flight Network and Blue Ridge Honor Flight activities, and that I have executed a Release, Covenant Not to Sue and Indemnity agreement in favor of Honor Flight Network and Blue Ridge Honor Flight while participating in the program.

I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Honor Flight Network and/or Blue Ridge Honor Flight.

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 Blue Ridge Honor Flight 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.

Date: _____

Participant signature required: _____

PLEASE PRINT PARTICIPANT NAME: _____

Please complete, **SIGN** and submit **ALL** pages of this application to:

BLUE RIDGE HONOR FLIGHT
Attention: VETERAN APPLICATION
PO Box 18057
Asheville, NC 28814

NOTE: Any Veteran requesting a specific individual to accompany them as a Guardian must have that individual complete a Guardian Application and submit the application WITH THIS APPLICATION to ensure the request is given proper consideration. Qualifying family members of the selected veterans may also be considered. Priority will be given to those guardians who have medical training or are active/retired military.

SPOUSES ARE NOT ELIGIBLE TO ACCOMPANY THE VETERAN ON THIS FLIGHT.

RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT

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 the Honor Flight Network, a national not for profit corporation (“Honor Flight Network”), and Blue Ridge Honor Flight, a North Carolina not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof (“Blue Ridge Honor Flight”). In consideration of and as a condition of Honor Flight Network and Blue Ridge Honor Flight 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, and hereby covenant and agree:

1. 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 Network and Blue Ridge Honor Flight from all such liability relating to same.
2. 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 Network and Blue Ridge Honor Flight 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 Network and Blue Ridge Honor Flight, and agree to discharge, defend, indemnify and hold Honor Flight Network and Blue Ridge Honor Flight harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
3. The information I have provided is complete and accurate. I understand that the Blue Ridge Honor Flight Medical Team will review my application and health history. Blue Ridge Honor Flight must medically approve all Veterans and Guardians to participate. I agree to notify Blue Ridge Honor Flight immediately should my medical condition change prior to the trip. If any of this information is falsified or pertinent medical information is omitted, or if my medical conditions change or are determined by the Blue Ridge Honor Flight Medical Team to be unacceptable to participate, I understand I may be disqualified at the sole discretion of Honor Flight Network and/or Blue Ridge Honor Flight.
4. 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 Blue Ridge Honor Flight, and agree to defend, indemnify and hold Honor Flight Network and Blue Ridge Honor Flight harmless from all such claims, damages, injuries or costs which may be incurred or which arise as a result thereof.
5. Notwithstanding any provisions to the contrary in the event of any litigation or arbitration resulting from my activities of any nature with Honor Flight Network and Blue Ridge Honor Flight that I agree that venue and jurisdiction is limited to that of the Courts in Buncombe and Henderson Counties, North Carolina and or the United States District Court for the Western District of North Carolina and that North Carolina law shall govern.

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

PLEASE NOTE: SPOUSES ARE NOT ELIGIBLE TO ACCOMPANY THE VETERAN.

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

Signature: _____

Print name: _____

Date: _____