



Dublin A.M. Rotary Veteran Honor Flight Application



Dublin AM Rotary recognizes American veterans for your sacrifices and achievements by flying you to Washington, DC to see your memorials at **no cost**. Veterans having served during WW II, Korean, and Vietnam Conflict are encouraged to apply. In order for Dublin AM Rotary to achieve this goal, guardians will fly with the veterans on every flight providing assistance and helping veterans 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 Dublin AM Rotary. Further information can be found at www.dublinamrotary.org.

YOUR NAME: _____ NICKNAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Day: _____ Evening: _____ Cell Phone: _____

E-Mail Address: _____ Weight: _____ Age: _____

How Did You Hear About Honor Flight? _____

ALTERNATE CONTACT (son, daughter, etc): Name: _____

Phone: _____ E-Mail: _____ Relationship: _____

Emergency Contact Information (Someone Available The Day You Travel):

Name: _____ Relationship: _____

Address: _____

Phone: Day: _____ Evening: _____ Mobile: _____

SERVICE HISTORY: Branch of Service: _____ Rank: _____

Brief summary of service career: _____

Medical: Information Provided Will Not Disqualify You. It Permits Us To Assess The Support We Need During The Trip. Info Is For Dublin Am Rotary And Medical Personnel Only.

Medications (Name And How Often You Take It):

Medication Taken	How Often?	Medication Taken	How Often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- Do You Use/or would you require mobility equipment? Yes ___ No. ___
 - If Yes, Please Circle Type of Device Necessary: Cane Walker Wheelchair Scooter
 - If Yes, will you provide this device, or would it be necessary for the Dublin AM Rotary Club to obtain? _____
 - Note:** if you have a **Handicapped Parking Permit** issued to you, it is advisable to bring it with you to enable us to obtain priority parking for our veterans at the memorial facility parking areas.

2. Do you have any **drug allergies**? _____

3. Do you have a history of **seizure**? YES ___ NO ___. Please describe what type (i.e., grand mal, petit mal, _____). When was your last seizure? _____. If within past 5 years, STRONGLY advised you discuss trip with your private physician.

4. Do you have problems with **motion sickness** (sea or air)? YES ___ NO ___. If yes, is it controlled with medications? YES ___ NO ___. If motion sickness is not controlled with medications, it is STRONGLY advised you discuss the trip with your private physician!

5. Do you have any **breathing problems**? YES ___ NO ___. If YES, please describe: _____

6. Do you use a home nebulizer machine? YES ___ NO ___. If YES, you are STRONGLY encouraged to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during the trip.

7. Do you use **oxygen** at any time? YES ___ NO ___. If YES, you will need your private physician to write a prescription for oxygen to be used during the flight and during the tour. Oxygen will be provided. The prescription should be turned in with the application.

8. Do you have a **problem walking** the length of a football field without assistance? YES ___ NO _____. If yes, please describe the reason (e.g. lung problems, arthritis, heart problems, etc.): _____

9. Do you have a history of **open head injuries, sinus problems, or ear problems**? YES ___ NO _____. If YES, have you flown since the open head injury, sinus or ear problems occurred? YES ___ NO _____. If YES, did you have any problems? YES ___ NO _____. If YES, it is STRONGLY advised you discuss the trip with your private physician. If you have NEVER flown since the open head injury, sinus or ear problems, again we STRONGLY advise you discuss the trip with your private physician.

10. Do you have a **urostomy or colostomy bag**? YES ___ NO _____. If YES, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, it is STRONGLY advised that you discuss this issue with your private physician.

Additional Comments or Concerns:

PLEASE REVIEW CAREFULLY AND SIGN: The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document **Dublin AM Rotary** 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 **Dublin AM Rotary** program. I hereby release the photographer and **Dublin AM Rotary** from all claims and liability relating to said photographs. I hereby give permission for my images captured during **Dublin AM Rotary** activities through video, photo, or other media, to be used solely for the purposes of **Dublin AM Rotary** 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 **Dublin AM Rotary** does **NOT** provide medical care. I understand that I accept all risks associated with travel and other **Dublin AM Rotary** activities and will not hold **Dublin AM Rotary** responsible for any injuries incurred by me while participating in the **Honor Flight** program

SIGNED: _____ DATE: ____/____/____

(E-mail applicants will be required to sign prior to actual flight date)

Note: Light single & twin engine, 6 passenger airplanes will be used for this trip. Applicant must be able to enter and exit with some assistance.

Please submit this form to: Dublin AM Rotary, ATTN: Dave Williamson; 8029 Hillingdon Drive, Powell, OH 43065; Or e-mail to: dave448@columbus.rr.com. Questions call (614) 327-8102 (cell) or (740) 917-9125 (home).