



# Queen City Honor Flight Veteran Application and Medical Form

**[INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED]**

Queen City Honor Flight, Inc. recognizes American veterans for their sacrifice and achievements by flying them to Washington DC to see their memorials at **no cost**. We are currently accepting applications from WWII, Korean, and Vietnam veterans, as well as terminally ill veterans from all other conflicts. In order for Queen City Honor Flight, Inc. to achieve this goal, guardians fly with the veterans on every flight providing assistance and helping veterans have a safe, memorable and rewarding experience. All Queen City Honor Flights depart and return from Charlotte Douglas International Airport in Charlotte, NC. Veterans must bring a current form of government issued photo I.D. on flight day. For further information, please go online to [www.qchonorflight.org](http://www.qchonorflight.org).

PHONE

<p><b>Please <i>complete</i> and submit <u>all pages</u> of this form with required signature(s) as soon as possible to:</b></p>	<p>Queen City Honor Flight, Inc.  <b>ATTN: Veteran Application</b>                  13663 Providence RD # 389                  Weddington, N.C. 28104-9373</p>	<p>_____</p>
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Your name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(Please List Your First, Middle & Last Name as it appears on your photo I.D) (If applicable)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

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

Gender:  Male  Female Polo shirt size (Please check your size):  S  M  L  XL  XXL  XXXL

How did you hear about Queen City Honor Flight? \_\_\_\_\_

Veteran's Service History: Branch of Service  Army  Air Force  Navy  Marines  Coast Guard

Rank: \_\_\_\_\_

War Conflict:  WWII (12/7/41 - 12/31/46)  Korea (6/27/50 - 1/31/55)

Vietnam (2/28/61 – 5/7/75)  Other: \_\_\_\_\_

Dates you served on Active Duty: \_\_\_\_\_

Country(ies) where you were deployed: \_\_\_\_\_:

Activities during the war and Military Service (MOS): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

REFERRED BY

## CONTACT INFORMATION

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Phone: Day \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

## GUARDIAN INFORMATION

Queen City Honor Flight will provide a wheelchair for each Veteran as needed as well as a Queen City Honor Flight Guardian. These trained guardians will accompany and assist you throughout the day to help ensure a **safe** and memorable experience. If you believe there is a medical need that necessitates a family member be considered to act as your guardian, who is aged 18-75 and in good health, please list that person's contact information below and ask the family member to complete a guardian application found at [www.qchonorflight.org](http://www.qchonorflight.org). **Guardians must attend a training class and pay a fee that covers a portion of the cost of the day.** Completion of the Guardian Application combined with your written request below, will assure that your request is considered, however selection is not guaranteed. Your spouse is **NOT** eligible to accompany you on the flight.

Requested guardian name: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested guardian email: \_\_\_\_\_

Additional comments or concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## YOUR MEDICAL INFORMATION

1. Place of residence:

- Private home  
 Assisted living

- Private condo/apartment  
 Nursing home

Independent living

Who do you live with? Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

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

Please indicate how often you use this equipment \_\_\_\_\_

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

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

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 flight and/or day. Oxygen will be provided by Queen City Honor Flight. Oxygen prescription MUST be turned in with your application.**

12. Do you need nebulizer treatments or use an inhaler?

Yes  No If yes, what medication and  
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. 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

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

22. Are you currently undergoing dialysis?  Yes  No

23. Do you smoke?  Yes  No

24. 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: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: \_\_\_\_\_ Fax number: \_\_\_\_\_

Date of last exam: \_\_\_\_\_

**MEDICAL RELEASE**

The information I have provided is complete and accurate. I understand that Queen City Honor Flight medical volunteers will review my health history and may speak with my healthcare provider(s) to clarify any medical concerns. Queen City Honor Flight must medically approve all participants to fly. I agree to notify Queen City 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 Queen City Honor Flight to be unacceptable to participate, I understand I may be disqualified from participating in an Honor Flight at the sole discretion of Queen City Honor Flight. I understand that medical insurance and medical costs that may be incurred pursuant to participation are my responsibility and that Queen City Honor Flight does not provide medical care. I understand that I accept all risks associated with travel and other Queen City Honor Flight activities, and that I have executed a Release, Covenant Not to Sue and Indemnity agreement in favor of Queen City Honor Flight 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 Queen City 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.

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: \_\_\_\_\_

**QUEEN CITY HONOR FLIGHT 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 Queen City Honor Flight, an North Carolina not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Queen City Honor Flight"). In consideration of and as a condition of Queen City 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, 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 Queen City Honor Flight from all such liability relating to same.

**Queen City HONOR FLIGHT RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

(PAGE 2 OF 2)

- (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 Queen City 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 Queen City Honor Flight, and agree to discharge, defend, indemnify and hold Queen City Honor Flight 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 Queen City Honor Flight, and agree to defend, indemnify and hold Queen City Honor Flight 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 Queen City Honor Flight that I agree that venue and jurisdiction is limited to that of the Courts in Mecklenburg County 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 Queen City 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 Queen City Honor Flight 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 the completed Application to:

**Queen City Honor Flight, Inc.**  
**13663 Providence RD # 389**  
**Weddington, N.C. 28104-9373**

**Attention: Veteran Application**