



## UPPER PENINSULA HONOR FLIGHT VETERAN APPLICATION

The mission of Upper Peninsula Honor Flight is to transport veterans and from all wars to Washington, D.C. to see their memorial **free** of charge. It is a small way to say thank you to all the brave men and women of the Upper Peninsula who served our country so selflessly. In order for us to achieve our goal, guardians fly on every flight to provide assistance and to ensure every veteran has a safe and memorable Tour of Honor.

FULL NAME: \_\_\_\_\_  
Please print your First, Middle and Last Name as it appears on your ID

NICKNAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SHIRT SIZE: S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL \_\_\_\_\_ XXXL \_\_\_\_\_

BRANCH OF SERVICE: \_\_\_\_\_ DATES OF SERVICE: \_\_\_\_\_

WAR (Circle One): WWII KOREAN VIETNAM OTHER

PLEASE PROVIDE A COPY OF YOUR FORM DD214.

RANK AND DUTIES DURING WAR: \_\_\_\_\_

INTERESTING EXPERIENCES DURING WAR: \_\_\_\_\_

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

EMERGENCY CONTACT INFORMATION

CONTACT PERSON MUST BE AVAILABLE DAY OF TRAVEL

Veteran's Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you requesting to travel with a specific Guardian? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is that Guardian's name? \_\_\_\_\_

Relationship to Guardian: \_\_\_\_\_

Guardian must be between 18-65 years of age, cannot be a spouse, and must have a Guardian Application on file before you are notified of your flight date. We cannot guarantee requested Guardians after letter with flight date has been sent to veteran.

## MEDICAL INFORMATION

The following information you provide is confidential to Upper Peninsula Honor Flight and medical personnel only. The information will **NOT** disqualify you – it is to help us assess the support we need during the trip. **You are encouraged to discuss this trip with your private physician.**

Do you use: cane \_\_\_\_\_ walker \_\_\_\_\_ wheelchair \_\_\_\_\_ scooter \_\_\_\_\_

If in a wheelchair, are you able to transfer, with assistance, onto the airplane or bus? YES NO

Do you have a problem walking the length of a football field without assistance? YES NO

Do you feel that after a full day of activities that you may need to use a wheelchair?  
YES NO

Are you able to walk up 5 steps into a tour bus with hand rail assistance ? YES NO

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Do you have a history of seizures? YES NO If yes, type: \_\_\_\_\_  
Date of last seizure: \_\_\_\_\_

Do you have problem with motion sickness or foresee any problems while flying or on the bus tour?  
YES NO

Do you have any breathing problems; use a home nebulizer or portable nebulizer?  
YES NO If yes, type of nebulizer \_\_\_\_\_

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 tour. The prescription is due **3 WEEKS** prior to flight.

Do you have a history of open head injuries, sinus or ear problems? YES NO

If yes, have you flown since the open head injury, sinus or ear problems? YES NO

If you have not flown since the open head injury, sinus or ear problems occurred, we strongly advise you to discuss this trip with your private physician.

Do you have a colostomy or urostomy bag? YES NO  
If yes, please make sure the bag is vented prior to flight

Do you have a DNR (Do Not Resuscitate) order in place? YES NO  
If so, please provide a copy.

Additional comments or concerns regarding Upper Peninsula Honor Flight:

PLEASE REVIEW CAREFULLY AND SIGN

The undersigned acknowledges and agrees that:

1. I hereby give permission for my images captured during Upper Peninsula Honor Flight activities through video, photo, website or other media to be used solely for the purposes of Honor Flight promotional material and publications. I waive my rights of compensation and/or ownership.
2. I understand that medical insurance is my responsibility and I understand that neither Honor Flight nor the aircraft provider provides medical care. I understand that I accept all risks associated with travel and other Honor Flight Network activities and will not hold Honor Flight, the flight provider or any person/group for any injuries incurred while participating in the Honor Flight Program.
3. I have been informed that Upper Peninsula Honor Flight strongly recommends that I discuss this trip with my private physician prior to flight date.
4. I hereby give permission for my name to be released to other veterans via a flight roster. Information provided to other veterans will include: name, phone number, hometown and branch of service.
5. I hereby understand that if I want a specific Guardian, their application must be on file before letter is sent with flight date.

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Signature of Veteran

Date

Please submit this form to:

UPPER PENINSULA HONOR FLIGHT  
7542 J Rd.  
Gladstone, Mi 49837

Questions?? Please call:  
Scott: 906-280-2871  
Kim: 906-420-2911

[www.uphonorflight.org](http://www.uphonorflight.org)

“LIKE” us on Facebook (Upper Peninsula Honor Flight)

Remember we want to make this Honor Flight as rewarding and memorable as possible for our veterans. Your safety is of utmost importance to us.