

Veteran Application



Dow and Honor Flight would like to recognize you for your sacrifices and service by flying you to Washington D.C. to see YOUR memorial at no cost. In order for Dow and Honor Flight to achieve this goal, guardians 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 Dow and Honor Flight. For further information or questions, please contact Michelle Langley at (989) 636-7271 or Holly Swanson at (989) 638-8680.

Personal Information:

Your Full Name: _____
(As it appears on your ID) **Nickname:** _____

Address: _____

City: _____ **State:** _____ **Zipcode:** _____

Phone: _____ **Cell Phone:** _____

E-mail Address: _____

Weight: _____ **Age:** _____ **T-Shirt Size:** (S, M, L, XL, XXL, XXXL)
(Circle one)

How did you hear about this trip? _____

Alternate Contact: (Son, Daughter, etc.) **Name:** _____

Phone: _____ **E-mail:** _____

Relationship: _____

Emergency Contact: (someone available the day you travel):

Name: _____ **Relationship:** _____

Address: _____

Phone: _____ **Cell Phone:** _____

Service History: **Branch of Service:** _____ **Rank:** _____

Home Town (from which city & state did you enter the service?): _____

Activity during WWII: _____

Medical Information:

Information provided will **NOT** disqualify you. It permits us to assess the support we need to provide during the trip. Information is for Dow, Honor Flight and Medical personnel only.

Do you use mobility equipment? YES NO

If yes, please circle device: CANE WALKER WHEELCHAIR SCOOTER LEG BRACES OTHER

If other, please provide details: _____

Medications:

Please list all medications that you take and how often you take them.

Medication	Taken how often?	Medication	Taken how often?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any drug allergies? YES NO

If yes, what drugs are you allergic to? _____

Do you have a history of seizures? YES NO

If yes, please describe what type (i.e. grand mal, petit mal, other): _____

If yes, when was your last seizure? _____

If within the last 5 years, you are **STRONGLY** advised to discuss the trip with your private physician.

Do you have problems with motion sickness (sea or air)? YES NO

If yes, is it controlled with medication? YES NO

If not controlled with medication, you are **STRONGLY** advised to discuss the trip with your private physician.

Do you have any breathing problems? YES NO

If yes, please describe: _____

Do you use a home nebulizer machine? YES NO

If yes, you are **STRONGLY** advised to discuss the trip with your private physician concerning the use of portable hand-held nebulizers during this trip.

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 **MUST** be turned in prior to the trip.

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

If yes, please describe the reason (e.i. lung problems, arthritis, heart problems, etc.): _____

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

If yes, have you flown since the injury or problem occurred? YES NO

If yes, did you have any problems? YES NO

If you had problems on your last flight, you are **STRONGLY** advised to discuss the trip with your private physician. If you have **NEVER** flown since the open head injury, sinus problem or ear problem occurred, please consult with your physician.

Do you have a urostomy or colostomy bag? YES NO

If yes, please make sure the bag is vented prior to the flight. If you do not know if your bag is vented, you are STRONGLY advised to discuss this issue with your private physician.

Do you have any vision problems? (i.e. cataract, blindness, etc.) YES NO

If yes, please describe/explain: _____

Do you have any problems with balance or standing for more than 15 minutes unassisted? YES NO

If yes, please describe/explain: _____

Do you have a pacemaker or any metal in your body? YES NO

If yes, please describe/explain: _____

Do you have dementia or alzheimer's disease? YES NO

Do you have a terminal illness? YES NO

Additional Comments, Questions 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 Dow Honor Flight 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 Dow Honor Flight program. I hereby release the photographer/videographer, The Dow Chemical Company and Honor Flight from all claims and liability relating to said photographs and video. I hereby give permission for my images captured during Dow Honor Flight activities through video, photo or other media to be used for the purposes of The Dow Chemical Company and Honor Flight promotional materials, publications and promotion and waive any rights or compensation for ownership thereto.
2. I further state that medical insurance is the responsibility of the veteran and I understand that The Dow Chemical Company and Honor Flight do not provide medical care. I understand that I accept all risks associated with travel and other Dow Honor Flight activities and will not hold The Dow Chemical Company or Honor Flight responsible for any injuries incurred by me while participating in the Dow Honor Flight program.

Printed Name: _____

Date: _____

Signed: _____