



HFSAZ USE ONLY: Last name _____ Date received _____

Honor Flight Southern Arizona Veteran Combined Application and Medical Form

Honor Flight Southern Arizona (SAZ) recognizes America's senior war veterans for their bravery, determination, and patriotism with an all-expense-paid, one-of-a-kind journey to Washington, D.C., for a trip of honor, thanks, and gratitude. You have been invited to complete this 7-page medical form because we anticipate you flying with us on one of our upcoming Honor Flights.

As soon as the completed form is received by Honor Flight SAZ, we will send it to our Medical Team for review. You may be contacted by a medical reviewer if they have any questions about the information provided. When approved, you will be placed in the queue for one of our upcoming flights. For further information, please contact us at **520-204-1391** or visit to **honorflightsaz.org**. If you wish, you may complete this application online at: **honorflightsaz.org/VeteranApp**

Please complete and submit all seven pages of this form with required signature(s) as soon as possible to:	Honor Flight Southern Arizona Attn: Veteran App P.O. Box 35364 Tucson, AZ 85704	or	Scan & Email: info@honorflightsaz.org Confirm all <u>7 pages</u> have been sent
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Your full name: _____
Last Name First Name Middle Name

(As appears on your government issued ID.) _____

Nickname (If applicable): _____

Maiden Name (if applicable): _____

Address: _____ Unit #: _____

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

Home phone: _____ Cell phone: _____

Email address: _____

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

Gender: M F Other _____ Shirt size: S M L XL XXL XXXL

How did you hear about Honor Flight Southern Arizona? _____

Veteran of: WWII (12/41-12/46) Korean War (6/50-1/55) Vietnam War (11/55-5/75)

Dates you served in the military (Month/Year to Month/Year): _____ / _____ to _____ / _____

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

Rank: _____ Service number (optional): _____

Hometown (From which city and state did you enter the service)? _____

Country(ies) where you served: _____

Activity during your time in service: _____

CONTACT INFORMATION

Primary emergency contact (someone available during your travel):

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____

Cell _____

Email: _____

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

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: Day _____ Evening _____

Cell _____

Email: _____

BUDDY & GUARDIAN INFORMATION

If you and a fellow veteran would like to travel together, please ask him/her to complete a Veteran Application. In addition, please include your buddy's name and number below so that we can try to pair you together on the same flight. Since we invite our veterans to fly based on date order of applications received, we may not be able to accommodate your request. We will discuss this with you when we call to invite you on your flight.

Buddy name: _____ Buddy Phone: _____

Buddy email (if applicable): _____

Honor Flight Southern Arizona provides trained Guardians to ensure you have a safe and memorable experience. If you would prefer to have a family member (child, grandchild, niece, nephew, etc.), age 18+ be considered as your Guardian, provide their name below and have them complete a Guardian Application at honorflightsaz.org. Guardians must attend a three-hour training class. Completion of the Guardian Application combined with the information below ensures that your request will be considered, however selection is not always guaranteed. Medically necessary family Guardians are seated first, then all other requests are considered for any available open seats. **Your partner or spouse is NOT eligible.**

Requested guardian name: _____ Phone: _____

Requested guardian email: _____

Relationship: _____

Additional comments or concerns: _____

10. 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 health care provider must write a prescription for oxygen to be used during the flight and/or day. If you require oxygen, you must bring your own Personal Oxygen Concentrator with extra batteries. Oxygen prescription MUST be turned in with your application.

11. Do you need nebulizer treatments or use an inhaler? Yes No If yes, how often? _____

12. Any history of exhaustion or difficulty breathing while walking? Yes No

13. Do you have a history of high blood pressure or on medication for it? Yes No

14. Do you have any history of visual impairment (other than glasses)? Yes No

If yes, please describe: _____

15. History of neurological problems (i.e., stroke, Parkinson's disease)? Yes No

If yes, please describe: _____

16. 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? _____

17. Do you have problems with motion sickness? Yes No

18. History of dementia or Alzheimer's OR are you on prescription memory medications? Yes No

19. History of anxiety or PTS symptoms? Yes No Special Requirements? _____

20. Do you use incontinence products? 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 catheter, urostomy, or colostomy bag? Yes No

Are you able to empty it: Independently With minimal assistance With stand-by assistance

22. Are you currently undergoing dialysis? Yes No

23. Do you have any breathing problems? Yes No

If yes, describe: _____

24. Do you smoke? Yes No

25. Please list any allergies (medication/food) you have _____

26. 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: _____

MEDICAL RELEASE

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

HONOR FLIGHT SOUTHERN ARIZONA 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 Honor Flight Southern Arizona Corp, an Arizona not for profit corporation, which includes any officer, director, employee _____, volunteer or agent thereof ("Honor Flight Southern Arizona"). In consideration of and as a condition of Honor Flight SAZ 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 the COVID-19 virus or my own health issues and fully release Honor Flight SAZ from all such liability relating to same.
- (ii) To never institute, prosecute, or in any way aid in the institution or prosecution of any demand, claim suit of any nature against Honor Flight SAZ 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 SAZ, and agree to discharge, defend, indemnify and hold Honor Flight SAZ 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 Honor Flight SAZ, and agree to defend, indemnify and hold Honor Flight SAZ 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 Honor Flight SAZ that I agree that venue and jurisdiction is limited to that of the Courts in Pima County Arizona and or the United States District Court for the Northern District of Arizona and that Arizona law shall govern.

I hereby authorize Honor Flight SAZ the continued right in perpetuity to photograph, film or video my Activities and to publish same and or use such in the legitimate promotion of Honor Flight Chicago 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 or scan & email the completed document to Honor Flight SAZ.

If completing the PDF electronically, please save the document to your computer first before printing.
Electronically completed forms will not print properly if not saved first.

Mail or scan & email all seven pages to:

Honor Flight Southern Arizona
Attn: Veteran Coordinator
P.O. Box 35364
Tucson, AZ 85704

Email: veterans@honorflightsaz.org

Online application available: honorflightsaz.org/VeteranApp