



QUEEN CITY HONOR FLIGHT KOREAN WAR VETERAN Application and Medical Form

[INCOMPLETE APPLICATIONS CANNOT BE PROCESSED AND WILL BE RETURNED]

Queen City Honor Flight recognizes America's war Veterans for their service and sacrifice by flying them all-expense paid to Washington DC to see their memorials, at no cost. In addition to flying our WW II Veterans. this year we are flying Korean War Veterans.

As soon as the completed form is received by Queen City Honor Flight via mail and it is confirmed that all pages are complete, we will send it to our Medical Team. Once we have approved your application, you will be placed in the queue for one of our upcoming flights. All Queen City Honor Flights depart from and return to the Charlotte Douglas International Airport. For further information, please or go online to www.qchonroflight.org.

Please complete and submit all pages of this form with required signature(s) as soon as possible to:

Queen City Honor Flight
Attn: Korean War App
17153 Doe Valley Court
Cornelius NC, 28031

PHONE

Your name: _____ Nickname: _____
(As it appears on your ID for airline travel) (If applicable)

Address: _____

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

Primary phone: _____ Cell phone: _____

Email address: _____

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

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? _____

I am a: Korean War Veteran *If you are a veteran of WWII or the Vietnam War, please visit www.qchonroflight.org and complete the veteran application tailored to your service.*

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

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

Rank: _____ Service number (if known): _____

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

Country(ies) where you served: (please use the reverse side of this application if needed) _____

Activity during the war: (please use the reverse side of this application if needed) _____

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 18–70 and in good health, please list that person's contact information below and ask the family member to complete a guardian application found at blueridgehonorflight.com. 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.

Requested guardian name: _____

Phone: _____

Requested guardian email: _____ Additional comments or concerns: _____

YOUR MEDICAL INFORMATION

1. Place of residence:

- Private home Private condo/apartment Independent living
 Assisted living Nursing home

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

Mobility Equipment

4. Please check all that apply: Cane Walker Wheelchair
 Scooter Crutches 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

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: _____

Please print this form out in its entirety and mail the completed Application to:

**Queen City Honor Flight
17153 Doe Valley Court
Cornelius NC, 28031**

**Attention: Veteran
Application**

QUEEN CITY HONOR FLIGHT 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 Queen City Honor Flight, a 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.
- (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: _____