

VETERAN APPLICATION FOR HONOR FLIGHT

HONOR FLIGHT NEW ENGLAND

HONOR FLIGHT recognizes American Veterans for your sacrifices and achievement by flying you to Washington, DC to see **YOUR** memorial at **NO COST**. Top priority (for which we are currently accepting applications) is given to WWII and terminally ill veterans from **ALL** wars. In order for **HONOR FLIGHT** to achieve this goal, escorts fly with the Veterans on every flight providing assistance and helping Veterans have a **safe**, memorable and rewarding experience. Please consider this a small token of appreciation from all of us at *Honor Flight New England* for what you and your comrades have given to us. For further information, please contact [RW John A. MacLeod at 781.626.2907](tel:781.626.2907) or [Wor. George H. Raymond at 781.962.1960](tel:781.962.1960) or email: HonorFlight@MassFreemasonry.net

Veterans are responsible for obtaining transportation to and from the airport on the date of the flight.

I AM A VETERAN OF WWII: _____ KOREA: _____ VIETNAM: _____

NAME: _____ (as it appears on ID for airline travel)

First Middle Initial Last

NICKNAME (if applicable): _____

ADDRESS: _____ DATE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

EMAIL ADDRESS: _____ Birthdate: _____

WEIGHT: _____ AGE: _____

How did you learn about the Honor Flight organization? _____

T-shirt Size: (S, M, L, XL, XXL, 3XL) _____

ALTERNATE CONTACT INFORMATION (Spouse, Son, Daughter, ect):

NAME: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

EMAIL ADDRESS: _____ Relationship: _____

EMERGENCY CONTACT INFORMATION (someone available the day you travel):

NAME: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

EMAIL ADDRESS: _____ Relationship: _____

SERVICE HISTORY: BRANCH OF SERVICE: _____ RANK: _____

DATES SERVED: _____

HOMETOWN (from which City and State did you enter the service?): _____

ACTIVITY WHILE SERVING (attach separate sheet if needed): _____

TELL US ABOUT YOUR LIFE AFTER YOUR SERVICE TO OUR COUNTRY (attach separate sheet as needed): _

MEDICAL: This information is necessary so we may provide you with the appropriate medical support during your trip. This information is for Honor Flight and Medical Personnel ONLY.

Do you use mobility equipment? (Please circle) YES NO

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (name and how often you take it):

MEDICATION

TAKEN HOW OFTEN?

(If more room is needed for medications, please continue on an additional sheet of paper)

1. DRUG ALLERGIES (Please list):

2. FOOD ALLERGIES (Please list):

3. Do you have a history of **seizures**? YES NO

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

What was the date of your last seizure? _____ If within the past 5 years, we STRONGLY advise you to discuss this trip with your private physician!

4. Do you have a problem with **motion sickness** (Car or Air)? YES NO

If yes, is it controlled with medications? YES NO

If motion sickness is not controlled with medications, it is STRONGLY advised you discuss the trip with your private physician!

5. Do you have **breathing problems**? YES NO

If yes, please describe:

6. Do you use a home nebulizer machine? YES NO

If yes, you are STRONGLY encouraged to discuss this trip with your private physician concerning the use of portable hand held nebulizers

7. Do you use oxygen at any time? YES NO

If yes, you will need your private physician to write a prescription for a battery operated oxygen concentrator to be used during the flight. Please include Rate of Flow (i.e. 2 liters per minute), Duration (i.e. intermittent, as needed, continuous) and Delivery Method (i.e. nasal, cannula, mask). Oxygen cylinders will be available while in Washington, DC.

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

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

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

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

If yes, did you have any problems? YES NO

If yes, we **STRONGLY** advise you to discuss this trip with your private physician. If you have **NEVER** flown since the open head injury, sinus or ear problems, we again **STRONGLY** advise you to discuss the trip with your private physician.

10. Do you have a urostomy or colostomy bag? YES NO

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

11. Do you need an escort for mobility or medical reasons? YES NO

If yes, please describe the reason: _____

12. Have you received a diagnosis involving memory impairment? YES NO

13. Do you have a Do Not Resuscitate order? YES NO

14. I have received the COVID19 Vaccination and have enclosed a copy: YES NO

Additional Comments 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 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 **Honor Flight** program. I hereby release the photographer and **Honor Flight** from all claims and liability relating to said photographs. I hereby give permission for my images captured during Honor Flight activities through video, photo or other media, to be used solely for the purposes of **Honor Flight** promotional material and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is the responsibility of the Veteran and that **Honor Flight** does NOT provide medical care. I understand that I accept all risks associated with travel and other **Honor Flight** activities and will not hold **Honor Flight** responsible for any injuries incurred by me while participating in the **Honor Flight** program. I also agree that if I am selected I will only travel on the means of transportation that is specifically selected and authorized by **Honor Flight New England**.
3. Veterans are responsible for obtaining transportation to and from the airport on the date of the flight.

Veteran Signature

Printed Name

Date

PAID ONLINE

(Please attached your payment confirmation to your application when you send in)

PAID BY CHECK

LODGE NAME: _____

DISTRICT: _____

Please submit this form to:
HONORFLIGHT@MASSFREEMASONRY.NET
OR MAIL TO:
Masonic Honor Flight
186 Tremont Street
Boston, MA 02116