



# Honor Flight Chicago Veteran Combined Application and Medical Form 2025

Honor Flight Chicago recognizes America's senior war veterans with an all-expense-paid, one-of-a-kind journey to Washington, D.C., for a day of honor, thanks, and inspiration. You have been invited to complete this medical form because we anticipate flying you in 2025. Completed forms are reviewed by our Medical Team, who use the information provided to prepare to fly you safely, so please be honest! Reviewers may call you with questions. When approved, you will be placed in the queue for an upcoming flight. Questions? Contact us at 773-227-8387 or visit [honorflightchicago.org](http://honorflightchicago.org). This application can also be completed online: [honorflightchicago.org/CombinedApp](http://honorflightchicago.org/CombinedApp). **PLEASE NOTE: A valid passport, Veteran Health ID Card, OR state-issued REAL ID IS REQUIRED for domestic air travel after May 7, 2025.**

<p><b>Please <i>complete</i> and submit all seven pages of this form with required signature(s) as soon as possible to:</b></p>	<p>Honor Flight Chicago Attn: Veteran Combo App 2025 9701 W. Higgins Rd., Suite 310 Rosemont, IL 60018-4717</p>	<p><b>Scan &amp; Email:</b> <a href="mailto:applications@honorflightchicago.org">applications@honorflightchicago.org</a> <b>**Fax to 773-289-0909</b> <b>**Confirm <u>all 7 pages</u> have sent</b></p>
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PHONE

Your name: \_\_\_\_\_ Nickname: \_\_\_\_\_  
(As written on your state ID. **NOTE: REAL ID or equivalent required.**) (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 Polo shirt size:  S  M  L  XL  XXL  XXXL

How did you hear about Honor Flight Chicago? \_\_\_\_\_

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 the war: \_\_\_\_\_

REFERRED BY

Please list your current work experience (if retired, please list your most recent work experience):

Organization: \_\_\_\_\_ Title: \_\_\_\_\_ Dates (from/to): \_\_\_\_\_

Responsibilities/accomplishments: \_\_\_\_\_

## CONTACT INFORMATION

### Primary emergency contact (someone available the day you 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 Chicago 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., aged 18+) be considered as your Guardian, provide their name below and have them complete a Guardian Application at [honorflightchicago.org](http://honorflightchicago.org). Guardians must attend a two hour training class and pay a fee to cover a portion of the day's cost. Completion of the Guardian Application combined with the information below ensures that your request is considered, however selection is not 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: \_\_\_\_\_

# YOUR MEDICAL INFORMATION

1. Place of residence:

- Private home                       Independent living  
 Assisted living                       Nursing home

Who do you live with? Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name of Residence Facility/Community: \_\_\_\_\_

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

4. Please check all that apply:  Cane           Walker           Crutches           Wheelchair  
 Scooter           Prosthetics/braces           None of the above

5. Can you climb five coach bus stairs using handrails with minimal assistance  Yes  No  
If not, we can provide a wheelchair lift into and out of the bus.

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

**If controlled with Insulin injections, your private physician must write a prescription for Insulin to be used on flight day. Insulin prescription MUST be turned in with your application. You are REQUIRED to bring your Insulin or oral medication, injection supplies, and glucometer on the trip. If you arrive at the airport without these, you may not be allowed on the trip.**

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 Honor Flight Chicago. Oxygen prescription MUST be turned in with your application.**
12. Do you need nebulizer treatments or use an inhaler?  
 Yes  No If yes, 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 memory medications? Yes No
20. History of anxiety or PTSD symptoms?  Yes  No Special Requirements? \_\_\_\_\_
21. 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
22. Do you have a foley, urostomy, or colostomy bag?  Yes  No
23. Are you currently undergoing dialysis?  Yes  No
24. Do you have any breathing problems? Yes No If yes, describe: \_\_\_\_\_
25. Do you smoke?  Yes  No

25. Please list any allergies you have \_\_\_\_\_

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: \_\_\_\_\_

**MEDICATIONS - List or attach separately**

Medication	Dose	When?

**Other medical or health concerns not previously disclosed to ensure safe travel:**

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

**Honor Flight Chicago medical volunteers are not authorized to dispense medications**

**Physician's name:** \_\_\_\_\_

**Physician's phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_

**Date of last exam:** \_\_\_\_\_

**Other physician's name:** \_\_\_\_\_

**Physician's phone number:** \_\_\_\_\_ **Fax number:** \_\_\_\_\_

**Date of last exam:** \_\_\_\_\_

**MEDICAL RELEASE**

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

**HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

(PAGE 1 OF 2)

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 Chicago Corp, an Illinois not for profit corporation, which includes any officer, director, employee, volunteer or agent thereof ("Honor Flight Chicago"). In consideration of and as a condition of Honor Flight Chicago 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 Chicago from all such liability relating to same.

**HONOR FLIGHT CHICAGO RELEASE, COVENANT NOT TO SUE AND INDEMNITY AGREEMENT**

(PAGE 2 OF 2)

- (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 Honor Flight Chicago 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 Chicago, and agree to discharge, defend, indemnify and hold Honor Flight Chicago 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 Chicago, and agree to defend, indemnify and hold Honor Flight Chicago 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 Chicago that I agree that venue and jurisdiction is limited to that of the Courts in Cook County Illinois and or the United States District Court for the Northern District of Illinois Eastern Division and that Illinois law shall govern.

I hereby authorize Honor Flight Chicago 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: \_\_\_\_\_

<p>Please print this form out in its entirety and mail, fax or scan &amp; email the completed document to Honor Flight Chicago.</p> <p>If completing the PDF electronically, please save the document to your computer first before printing. <u>Electronically completed forms will not print properly if not saved first.</u></p> <p>Online application available: <a href="http://honorflightchicago.org/CombinedApp">honorflightchicago.org/CombinedApp</a></p>	<p><b>Mail, fax, or scan &amp; email <u>all seven</u> pages to:</b></p> <p>Honor Flight Chicago          Attn: Veteran Combo App 2025          9701 W. Higgins Rd., Suite 310          Rosemont, IL 60018-4717  <b>Fax:</b> 773-289-0909  <b>Email:</b> <a href="mailto:applications@honorflightchicago.org">applications@honorflightchicago.org</a></p>
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