



## HONOR FLIGHT NORTHWEST OHIO WWII VETERAN APPLICATION

**Honor Flight Northwest Ohio** is a one day event to fly Veterans to Washington D.C. to tour the Memorials constructed in honor of **your** service to our country. The flight, bus tour and meals will be provided **free** to the Veteran. Please mail the completed application to: **Honor Flight Northwest Ohio, P.O. Box 140024, Toledo, OH 43614-0024.**

FULL NAME: \_\_\_\_\_  
First
Middle
Last

NICK NAME: (If applicable) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_  
City
State
Zip

PHONE NUMBER: (\_\_\_\_)\_\_\_\_\_ SHIRT SIZE: 3 XL 2XL XL L M S

OTHER \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_

WEIGHT: \_\_\_\_\_ WWII THEATRE OF OPERATIONS: \_\_\_\_\_

Please answer the following questions to the best of your ability. The purpose of this program is to accommodate every vet who wants to visit *their* memorials. Your honesty and complete responses are essential for planning, seating, and safety purposes.

**Please circle YES / NO and explain any YES answers in the "EXPLANATIONS" area.**

- |   |        |
|---|--------|
| 1) Any problems with motion, sea, or air sickness?            | Yes/No |
| 2) Any breathing problems?                                    | Yes/No |
| 3) Any problem walking 100 yards unassisted?                  | Yes/No |
| 4) Any history of urostomy or colostomy bag?                  | Yes/No |
| 5) Any history of open head injury, sinus/ear problems?       | Yes/No |
| 6) Any history of epilepsy or other seizure disorders?        | Yes/No |
| 7) Do you use a cane, walker, crutches or wheelchair?         | Yes/No |
| 8) Any other medical/emotional problems we should know about? | Yes/No |
| 9) Any drug allergies?  | Yes/No |
| 10) Do you have a pace maker?                                 | Yes/No |
| 11) Are you diabetic?   | Yes/No |
| 12) Do you use OXYGEN?  | Yes/No |
| 13) Do you use nebulizer treatments?                          | Yes/No |
| 14) Do you use an inhaler?                                    | Yes/No |

EXPLANATIONS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you have a family member or friend that will be able to bring you to Toledo Express Airport at 6:30 AM the day of your flight and pick you up around 8:30 PM to take you home?

PLEASE CIRCLE ONE                      YES              NO

If "NO", a volunteer will be available to drive you to and from the airport.

**WOULD YOUR DOCTOR OK YOU GOING ON THIS FLIGHT/TRIP?    YES    NO**

WHAT WERE YOUR DUTIES DURING WWII?

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

EMERGENCY CONTACT NAME \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO THE VETERAN \_\_\_\_\_

Can we release your address/phone number to others on the trip, or news media who might want to contact you later?    YES \_\_\_\_\_              NO \_\_\_\_\_

QUESTIONS? Call 419-410-7729    or E-mail: [hfnwo@bex.net](mailto:hfnwo@bex.net)  
Website: [www.honorflightnwo.org](http://www.honorflightnwo.org)

**\*\*\*We are only accepting applications from WWII Veterans \*\*\***