



RI Honor Flight Veteran Application

Honor Flight recognizes American Veterans for their service, sacrifice and achievements by flying them to Washington DC to visit THEIR memorial(s) at NO cost to the veteran. We are currently accepting applications from all honorably discharged veterans. Top priority is given to WWII, Korea and Vietnam veterans and veterans who are terminally ill. For **Honor Flight** to achieve this goal, escorts fly with the Veterans on every flight aiding and helping Veterans have a safe, memorable, and rewarding experience. To our veterans, please consider this a small token of appreciation from all of us at [RI Fire Chiefs Honor Flight Hub](#) for what you and your comrades have given to us. For further information, please contact us at 401-354-7905 or rifirechiefshonorflight@gmail.com or visit our website at www.rihonorflight.com.

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

NICKNAME (if applicable) _____

ADDRESS: _____ DATE: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____ Age: _____

WEIGHT: _____ BIRTHDAY (DOB): _____

T-Shirt Size: (Circle one) S M L XL XXL XXXL

How did you learn about the Honor Flight organization? _____

ALTERNATE CONTACT INFORMATION (Spouse, Son, Daughter, etc.):

NAME: _____

E-MAIL ADDRESS: _____

Relationship: _____

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

NAME: _____

PHONE: Daytime: _____ Evening: _____ Mobile: _____

E-MAIL ADDRESS: _____

Relationship: _____

SERVICE HISTORY - BRANCH OF SERVICE: _____ RANK: _____

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

ACTIVITY DURING WW II / Korea / Vietnam / Other (Attach a separate sheet as needed)

TELL US ABOUT YOUR LIFE AFTER YOUR SERVICE IN WW II /Korea / Vietnam - Other

(Attach a 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? (**Circle one**) Yes No

If YES, please circle device: CANE WALKER WHEELCHAIR SCOOTER

MEDICATIONS (name and how often you take it):

NOTE: A MEDICATION LIST FROM YOUR DOCTOR OR PHARMACY IS REQUIRED TWO WEEKS PRIOR TO YOUR HONOR FLIGHT (**Note:** We do not accept handwritten medication list)

MEDICATION

HOW OFTEN TAKEN AND WHEN?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

1) **Drug allergies (please list):**

2) **Food allergies (please list):**

3) Do you have a history of **seizures?** (**Circle one**) 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 five years, we STRONGLY advise you to discuss this trip with your private physician!

Do you have problems with motion sickness (car / air)? **(Circle one)** Yes No

If yes, is it controlled with medications? **(Circle one)** Yes No

If motion sickness is not controlled with medication, it is **STRONGLY** advised that you discuss this trip with your private physician!

4) Do you have breathing problems? **(Circle one)** Yes No

If yes, please describe

5) Do you use a home nebulizer machine? **(Circle one)** Yes No

If yes, you are **STRONGLY** advised that you discuss this trip with your private physician concerning the use of portable hand-held nebulizers during this trip.

6) Do you use oxygen? **(Circle one)** Yes No

If yes, you will need your private physician to write a prescription for a battery-operated oxygen concentrator to be utilized during the flight.

7) Do you have a problem walking the length of a football field without assistance? **(Circle one)** Yes No

8) Do you have a history of **open head injuries**, sinus problems or ear problems? **(Circle one)** Yes No

If yes, have you flown since the open head injury, sinus or ear problem occurred? **(Circle one)** Yes No

If yes, did you have any problems? **(Circle one)** Yes No

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

9) Do you have a urostomy or colostomy bag? **(Circle one)** 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 that you discuss this issue with your private physician.

10) Do you need an escort for mobility or medical reasons? **(Circle one)** Yes No

If yes, please describe the reason:

Additional comments or concerns:

Have you been vaccinated with the Covid 19 Vaccine (**circle one**):

Moderna: 2 shots: **YES / NO – DATE(s):** _____ **BOOSTER: YES / NO – DATE(s)** _____

Pfizer 2 shots: **YES / NO – DATE(s):** _____ **BOOSTER: YES / NO – DATE(s)** _____

J & J 1 shot: **YES / NO – DATE(s):** _____ **BOOSTER: YES / NO – DATE(s)** _____

NOTE: If you have not been vaccinated and provided the RIFC Honor Flight Hub with your vaccination card prior to the flight which shows that you have had at least the initial shot(s) of a Covid 19 vaccine you will be required to wear a facemask in the airport, on the aircraft during flight, on our buses, at dinner when not eating and at other times as directed by our medical team.

PLEASE REVIEW CAREFULLY AND SIGN:

The undersigned acknowledges and agrees that:

1. As photographic and video equipment are frequently used to memorialize and document Rhode Island Fire Chiefs Honor Flight Hub 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 Rhode Island Fire Chiefs Honor Flight Hub program. I hereby release the photographer and Rhode Island Fire Chiefs Honor Flight Hub from all claims and liability relating to said photographs. I hereby give permission for my images captured during Rhode Island Fire Chiefs Honor Flight Hub activities through video, photo, or other media, to be used solely for the purposes of Rhode Island Fire Chiefs Honor Flight Hub promotional material and publications and waive any rights, compensation, or ownership thereto.
2. I further state that medical insurance is the responsibility of the Veteran and I understand that Rhode Island Fire Chiefs Honor Flight Hub does **NOT** provide medical care. I understand that I accept all risks associated with travel and other Rhode Island Fire Chiefs Honor Flight Hub activities and will not hold Rhode Island Fire Chiefs Honor Flight Hub responsible for any injuries incurred by me while participating in the Rhode Island Fire Chiefs Honor Flight Hub program.

Veteran signature: _____ **Printed name:** _____ **Date:** _____

Please mail this form to:

Chief George S. Farrell (retired)
Founder - Chairman
Rhode Island Fire Chiefs Honor Flight Hub
P.O. Box 28132
Providence, RI 02908 - 3700

Email to: rifirechiefshonorflight@gmail.com

Phone: 401-354-7905

The Rhode Island Fire Chiefs Honor Flight Hub is an Official Hub of the Honor Flight Network™