



# Medical Information Form

The purpose of this form is to provide medical information about participants should an emergency arise. Both the Veteran and the Guardian must complete this form prior to participating in a Stars and Stripes Honor Flight.

**GENERAL INFORMATION**      CIRCLE ONE:      VETERAN      GUARDIAN

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

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

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Medical conditions:**

\_\_\_\_\_

**Medications** (please list all medications including dose and frequency as accurately as possible; do not include vitamins):

\_\_\_\_\_

**Allergies to Medications:**

\_\_\_\_\_

**Other Allergies:** \_\_\_\_\_

**ABILITIES AND LIMITATIONS**

(Circle the best answer)

**1. Walking**

How far can you walk without assistance?	Unlimited	One city block	Short distances Only	Can't walk without help
Can you climb stairs?	YES	NO		
If you require assistance, do you require...	Walker	Wheelchair	Assistance getting in and out of a wheelchair	

**2. Diet**

Do you have special dietary needs such as low salt, kosher, gluten-free?	YES	NO	If so, please indicate in the box to the right	
Do you have any food allergies?	YES	NO	If so, please indicate in the box to the right	

3. **Oxygen** - Note: If you need oxygen for any portion of the trip, please submit a copy of the prescription from your physician with this form. If you need oxygen while on the airplane, you must get an approved oxygen concentrator from your oxygen vendor.

Do you use supplemental oxygen?	YES	NO
If yes, how often do you need it?	ALWAYS	PART TIME
Will you need it on the airplane?	YES	NO

**4. Insulin**

Do you use insulin?	YES	NO
If yes, please list dose and frequency.	DOSE:	FREQUENCY:
Have you ever had an insulin reaction?	YES	NO

If you've had an insulin reaction, please list your symptoms: \_\_\_\_\_

**5. Special Requirements**

Please list any additional special considerations (catheters, colostomies, prostheses, etc.)

**EMERGENCY CONTACT INFORMATION**

In case of an emergency, please list contact information of the person you would like Stars and Stripes Honor Flight Inc to contact on your behalf.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

**Advance Directives (DNR, etc.)**

Do you have Advanced Directives that you wish to have followed on this trip? **YES / NO**

If yes, your "code status" should be discussed prior to the trip with your own physician (who can provide you with the appropriate forms). Those forms must be attached and returned with this document.

I hereby authorize Stars and Stripes Honor Flight Inc, its officers, employees, members, participants, users and/or volunteers, to take the action they believe is appropriate in an emergency situation. Further, I agree to indemnify and hold harmless the Stars and Stripes Honor Flight, Inc, and officer, employee, member, participant, user and/or volunteer thereof, against any claim(s) arising out of said emergency care.

I further state that medical insurance is the responsibility of the veteran and I understand that neither Stars and Stripes Honor Flight, Inc. nor the provider of free private aircraft ("Flight Provider") provides medical care. I understand that I accept all risks associated with travel and other Stars and Stripes Honor Flight, Inc. activities and will not hold Stars and Stripes Honor Flight, Inc., the Flight Provider, or any person appearing or quoted in any advertisement or public service announcement for or on behalf of Stars and Stripes Honor Flight, Inc. responsible for any injuries incurred by me while participating in the Stars and Stripes Honor Flight, Inc. program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_