MEDICAL FORM - VETERAN

FIRST NAME _____ MIDDLE NAME _____ LAST NAME _____

This information is necessary so that we may provide you with appropriate medical support during your trip. This information is for the Honor Flight medical team only and will remain confidential. Your responses to these questions will not affect your eligibility. Please fill out this page completely. If something does not apply to you, please write N/A or NONE. **Do not leave any questions blank**.

List any **drug allergies**: _____

What type of reaction for each individual drug? _____

List any **food allergies**: _____

What type of reaction for each individual food? _____

Do you use **OXYGEN**? YES or NO If yes, how many liters? _____

How often? (circle one) Continuous With activity only At night only With CPAP

Do you use a **CPAP** Machine? (may bring with you) YES or NO

Do you use a **NEBULIZER** for breathing problems? (may bring with you) YES or NO

Do you have **CONGESTIVE HEART FAILURE/HEART PROBLEMS**? YES or NO

Do you have **PACEMAKER/DEFIBRILLATOR**? YES or NO

Do you have **DIABETES**? YES or NO Do you use (circle): PILLS INSULIN NOTHING

Do you have **SEIZURES**? YES or NO

Do you have **DEMENTIA/MEMORY PROBLEMS/BEHAVIORAL ISSUES?** YES or NO

If the veteran has dementia/memory issues, additional accommodations need to be discussed

If yes to any of the above questions, please describe:

_____

_____

Please list other medical conditions:

_____

Do you use a wheelchair full time? YES or NO

Do you think you may need a wheelchair for this trip for any amount of time? YES or NO

Do you need an ADA hotel room? YES or NO

MEDICAL FORM - VETERAN

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Day: _____ Evening: _____ Cell: _____

Email: _____

MEDICATIONS-Please list

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

A medical team member may reach out to you if they have questions about the information on this form

Western ND Honor Flight
P.O. Box 265
Bismarck, ND 58502

Email: info@westernndhf.org
Phone: 701-805-9552