

NEBRASKA FEMALE VETERANS FLIGHT - 2018

This 2018 Flight is for female veterans who served in war zones. Please provide your DD-214.

NAME (First/M/Last) _____
(As Shown on Driver's License or Government I.D., which you will need for Airport-TSA)

ADDRESS _____ **CITY** _____ **STATE** _____ **ZIP** _____

CELL PHONE _____ **HOME PHONE** _____ **EMAIL** _____

DOB _____ **POLO SHIRT SIZE:** S M L XL 2XL 3XL 4XL **SPOUSE** _____

DO YOU USE: OXYGEN CANE WALKER ROLLATOR WHEELCHAIR SCOOTER OTHER _____

SERVICE HISTORY:

BRANCH _____ **RANK** _____ **COMPANY** _____ **DATES** _____

Describe your service during war time _____

This detail will help determine eligibility and also provide more background information for media interested in veterans' stories.

EMERGENCY CONTACT INFORMATION (Someone else available the day you travel)

Name: _____ **Relationship:** _____

Best Phone: _____ **Alternate Phone:** _____

***** **PLEASE REVIEW CAREFULLY AND SIGN** *****

I acknowledge and agree that:

1. Photographic and video equipment may be used to memorialize and document the trip to Washington D.C. and your image may consequently appear in a public forum, such as the media or a website, to acknowledge, promote or advance this cause. I hereby release the photographer and anyone associated with the 2018 Flight from all claims and liability relating to said photographs. I hereby give permission for my images captured during this trip and related activities to be used solely for the purposes of future promotional materials and publications, and waive any rights or compensation or ownership thereto.
2. I further state that medical insurance is my responsibility and I understand that no one individual or organization associated with the trip provides medical care. I also understand that I accept all risks associated with travel and will not hold Patriotic Productions or any person or organization appearing or quoted in any advertisement or public service announcement for or on behalf of Patriotic Productions responsible for any injuries incurred by me while participating in the 2018 Flight.

Signed by Veteran

Month/Day/Year

APPLICATION WILL NOT BE ACCEPTED WITHOUT MEDICAL INFORMATION ON 2ND PAGE (signed) and a COPY OF YOUR DD-214 (please black out your SS#).

Please return to: Patriotic Productions, 16213 Lamp Street, Omaha, NE 68118

The information provided below will NOT disqualify you. It permits us to assess the support we need during the trip. This information is for our personnel and medical team only.

1. Please name drug allergies _____
2. Do you have a history of seizures? **Yes No** If yes, please describe what type (grand mal, petit mal, other) _____
When was the last seizure? _____
If within the past five years, you are **STRONGLY** advised to discuss this trip with your physician.
3. Do you have problems with motion sickness? **Yes No** Is it controlled with medications? **Yes No**
If motion sickness is not controlled with medication, it is strongly advised you discuss the trip with your doctor.
4. Do you have breathing problems? **Yes No** If Yes, please describe: _____
5. Do you use a home nebulizer? **Yes No** If Yes, please discuss the use of a hand-held nebulizer during the trip with your doctor.
6. Do you use **OXYGEN** at any time? **Yes No** If Yes, you will need your private physician to write a prescription for oxygen to be used during the flight while in Washington D.C. Oxygen will be provided.
The prescription should be turned in with the application.
7. Do you have a problem walking the length of a football field without assistance? **Yes No** If yes, please describe the reason (lung problems, arthritis, heart problems?) _____
8. Do you have a history of open head injuries, sinus problems or ear problems? **Yes No**
If Yes, have you flown since any of these problems occurred? **Yes No**
If Yes, did you have any problems? **Yes No**
If Yes, it is strongly advised you discuss the trip with your private physician.
9. Do you have a **urostomy** or **colostomy** bag? **Yes No** If Yes, please make sure the bag is vented prior to flight. If you do not know if your bag is vented, please discuss this issue with your doctor.
10. Have you been diagnosed with exposure to Agent Orange? **Yes No**
11. Have you been diagnosed with exposure to burn pits (Iraq/Afghanistan)? **Yes No**
12. Do you have dietary restrictions? (Gluten, diabetic, etc) _____

Additional Comments or Concerns:

Please list any medications taken; if none, please state none.

Medication(s):

How Often Taken:

Medication(s):

How Often Taken:

Signed by Veteran

Month/Day/Year