



**Honoring North Carolina's Veterans
Their Courage, Valor and Sacrifice in WW II**
A Community Supported Project of North Carolina's Car and Truck Dealers

APPLICATION FOR VETERANS

Name: _____ DOB: _____ Age: _____

Home phone: () _____ Email: _____

Address: _____

_____ County _____

Name and telephone number of an emergency contact:

Name: _____ Telephone: () _____

Branch of Service: _____ Service Dates: _____

Tell us about your military experience:

May we release your name, address, photograph, and/or phone number to other veterans, flight participants? Yes No

The media? Yes No

If known, please tell us your sponsor: _____

Your Signature

Date

Circle your answer:

- | | | |
|--|-----|----|
| 1. Do you have a problem flying? | Yes | No |
| 2. Do you have a problem with motion, or air-sickness? | Yes | No |
| 3. Do you have breathing problems or use oxygen at any time? | Yes | No |
| 4. Do you use a cane, walker, crutches or wheelchair? | Yes | No |
| 5. Would you have a problem walking the length of a football field without assistance? | Yes | No |
| 6. Do you have a history of epilepsy or seizure disorder? | Yes | No |
| 7. Have you suffered a heart attack? | Yes | No |
| 8. Do you suffer from diabetes? | Yes | No |
| 9. Do you have allergies to any drugs? | Yes | No |

10. Please list the medications you are presently taking and how often.

Name of medication	Taken how often
_____	_____
_____	_____
_____	_____
_____	_____

11. In what way do you have a problem flying? _____

12. Please describe your motion sickness. Is the condition controlled by medication?

13. Please describe your breathing problems. Do you need oxygen? If so, how often is it used? Do you use a home nebulizer machine? How often is it used? How often do you use your hand-held inhalers? _____

14. What equipment do you use to help you get around (cane, walker, crutches, wheelchair)? _____

15. If you have a problem walking the length of a football field? What is the reason (ex. lung, arthritis, heart problems)? How far can you walk without assistance?

16. If you have a history of epilepsy or seizure disorder, what type of seizures do you have (ex. grand mal, petit mal, other)? When was your last seizure? Do you know what triggers your seizures? _____

17. If you have suffered a heart attack, what medication or medical support do you need? _____

18. If you suffer from diabetes, do you take medication or do you need other special medical support? _____

Additional comments:

