



**Honoring Piedmont North Carolina's Veterans
Their Courage, Valor and Sacrifice in WWII**
A Service Project of Rotary District 7690



VETERAN'S APPLICATION

Name: _____ **DOB:** _____

Home phone: () _____ **Email:** _____

Address: _____

Tell us a little about yourself, years in service or any other relative information:

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

The media? Yes No

If known, please tell us your sponsoring Rotary Club's name: _____

Signature

Date

Circle your answer and explain all "Yes" answers on page 3.

1. **Would you have a problem flying?** Yes No
2. **Do you have a problem with motion, sea, 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 you take them.**

Name of medication

Taken how often

11. **Name and telephone number of someone we can contact in case of an emergency while on the trip:**

Name: _____ **Telephone:** () _____

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

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

14. 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? _____

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

16. 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?

17. 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? _____

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

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

Additional comments:
