

# PATRIOTIC PRODUCTIONS - NEBR VIETNAM COMBAT VETERANS FLIGHT (VCVF)

This Flight will give priority to those Veterans who served in combat in Vietnam.

YOUR NAME \_\_\_\_\_ NICK NAME \_\_\_\_\_  
(Name as Shown on Driver's License or Government I.D. – you will need this ID for TSA at the Airports)

ADDRESS \_\_\_\_\_ SPOUSE \_\_\_\_\_

CITY \_\_\_\_\_, NEBRASKA ZIP \_\_\_\_\_ BEST PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

EQUIPMENT USED: CANE \_\_\_ WALKER \_\_\_ WHEELCHAIR \_\_\_ SCOOTER \_\_\_ OTHER \_\_\_\_\_

SHIRT SIZE: SMALL \_\_\_ MEDIUM \_\_\_ LARGE \_\_\_ X-LARGE \_\_\_ XX-LARGE \_\_\_ XXXLARGE \_\_\_

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SERVICE HISTORY: BRANCH OF SERVICE \_\_\_\_\_ LAST RANK \_\_\_\_\_

COMPANY & DATES IN VIETNAM \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Best Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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### 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 Vietnam Combat Veterans Flight (VCVF) 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 VCVF.

\_\_\_\_\_  
Signed by Veteran

\_\_\_\_\_  
Month/Day/Year

**APPLICATION WILL NOT BE ACCEPTED WITHOUT MEDICAL INFORMATION ON 2<sup>ND</sup> 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

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Veteran Name: \_\_\_\_\_

Application – Page 2

**MEDICAL:** Information provided will NOT disqualify you.

It permits us to assess the support we need during the trip. This information is for our personnel only.

1. Do you have any drug allergies? \_\_\_\_\_
2. Do you have a history of seizures? Yes\_\_\_ No\_\_\_ If so, 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 and during the trip. 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. If you have NEVER flown since the injury, again, it is strongly suggested that you discuss the trip with your doctor.
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.

Additional Comments or Concerns:

\_\_\_\_\_  
\_\_\_\_\_

**Medication(s):**

**How Often Taken:**

**Medication(s):**

**How Often Taken:**

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(If none, state none; if you need more space, please attach list on additional sheet of paper.)

Signed by Veteran

Month/Day/Year