



**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:

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