

GUARDIAN HEALTH PHYSICAL FORM



MIDWEST
HONOR FLIGHT

Participant Health History - Part A

Full Name _____ DOB (MM/DD/YYYY): ____ / ____ / ____

List all surgeries and hospitalizations along with dates (attach additional sheets if necessary):

Has a provider ever denied or restricted your physical activity? NO YES (please explain)

Do you have ongoing medical issues? NO YES (please explain)

Do you cough, wheeze or have difficulty breathing after exertion? NO YES (please explain)

Are you able to push someone in a wheelchair up a slight incline? YES NO (please explain)

List all medications currently used, include over the counter.

Do you have or have you ever been treated for any of the following:

		Comments:
Diabetes	Yes No	
High blood pressure	Yes No	
Heart attack, chest pain, Stroke/TIA	Yes No	
Asthma	Yes No	
Lung disease/COPD	Yes No	
Muscular/skeletal condition	Yes No	
Head Injury/concussion	Yes No	
Altitude sickness/ car sickness/motion sickness	Yes No	
Psychiatric/psychological or emotional difficulties	Yes No	
Blood disorders	Yes No	
Fainting spells/dizziness	Yes No	
Seizures	Yes No	
Abdominal or stomach issues	Yes No	
Excessive fatigue, heat stroke, easily overheated	Yes No	
Do you use an assistive device for ambulation/walking?	Yes No	

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Physician Examination for Midwest Honor Flight Guardian - Part B

PART B MUST BE COMPLETED BY A CERTIFIED AND LICENSED PHYSICIAN (MD/DO), NURSE PRACTITIONERS, OR PHYSICIAN ASSISTANTS.

Full Name _____ DOB (MM/DD/YYYY): ____/____/____

ATTENTION EXAMINER: You are being asked to certify that this individual has no contraindications or limitations for the care of a Veteran on an Honor Flight. This individual must meet the physical requirements and have the physical ability to fly, push a Veteran in a wheelchair up a slight incline and be able to lift 50 lbs to 100 lbs in order to assist a Veteran into and out of a wheelchair. More requirements for this role are listed on the next page. Examiner: please fill in the following information:

		Comments:
Does this individual have uncontrolled heart disease, asthma or hypertension?	Yes No	
Has this individual had an orthopedic injury, musculoskeletal problems or orthopedic surgery in the past 6 months?	Yes* No	*If so, clearance from surgeon is required
Does this individual have uncontrolled psychiatric disorders?	Yes No	
Has this individual had any seizures in the past year?	Yes No	
Does this individual use an assistive device for ambulation?	Yes No	
Does this individual have any restrictions that would limit them from being able to care for a Veteran on honor flight?	Yes No	
Are these medical restrictions limiting participation?	Yes No	

Examiner's Certification follows on the reverse of this form - please sign before returning

EXAMINER'S CERTIFICATION:

I, the undersigned, certify that I have reviewed the health history and examined this person and find no contraindications for participation with the Midwest Honor Flight and specifically for the caring of an elderly Veteran on flight. The information on the front of this examination is true and the below requirements are true based on my examination.

- Must be between the age 18-75 at the time of flight
- Must not be the spouse or significant other of any Veteran on the assigned flight
- Must be willing to assist all Veterans as needed
- Must be physically capable of performing the Guardian role, which includes assisting Veterans getting in/out of seats and wheelchairs; up/down escalators; and up/down stairs
- Must be able to push your Veteran in a wheelchair for a minimum of one hour at a time including up and down inclines (estimated 10 miles total throughout the day)
- Must be capable of independent communication with Veterans, Midwest Honor Flight Crew, and others
- Must not require use of canes, crutches, walkers, slings, have back issues, casts, portable oxygen, or other limiting physical strength and agility

Examiner's signature: _____ Date: ____ / ____ / ____

Examiner's Printed Name: _____

Office Name: _____

Office Address: _____

Office Phone: _____