



South Willamette Valley Honor Flight

Medical Certificate of Fitness for Air Travel & Guardian Duties

Mail Form to: South Willamette Valley Honor Flight, attn: Applications PO Box 72150, Springfield, OR 97475
or scan and email to Applications@swvhonorflight.org

SOUTH WILLAMETTE VALLEY HONOR FLIGHT honors the United States Military Veteran for their service and sacrifice by escorting them to Washington DC to see their memorials and monuments at no cost to them.

A volunteer Guardian is assigned to each Veteran to assist them throughout the duration of the trip. Guardians play a significant role in ensuring a safe, memorable, and rewarding experience for their Veteran.

This form is to be filled out by a Medical Practitioner, and is intended to provide confidential information about the ability of a Guardian/your patient to provide for their Veteran's special needs.

Please attest the patient's physical, mental, and emotional ability to fulfill the duties of Guardian by initialing each line below.

Guardian duties will include:

- ___ Physically assist a Veteran through the airport, on/off buses, at the hotels, and during all memorial stops.
- ___ Push a Veteran in a wheelchair up to 6 miles over 3 days.
- ___ Lift and carry luggage that weighs up to 50 pounds.
- ___ Carry luggage for both themselves and their Veteran through the airport.
- ___ Collapse, lift, and stow wheelchairs under a charter bus up to 10 times per day.
- ___ Assist Veteran in/out of bed, if necessary.
- ___ Possess the mental aptitude to sustain a POSITIVE ATTITUDE and a HEART OF SERVICE for the entire trip.

PATIENT INFORMATION

NAME:	SEX: M / F	WEIGHT:	HEIGHT:
-------	------------	---------	---------

ADDRESS:	DATE OF BIRTH:
----------	----------------

Please list medical conditions, physical disabilities, contagious/infectious or communicable disease, and/or restrictions that would limit the patient's overall success performing these duties:

Based on the above, I hereby declare that the patient **IS** fit to travel and able to fulfill the duties set forth above
 NOT fit to travel or fulfill the duties set forth above

Medical Practitioner Name: _____ License No: _____

Medical Practitioner Signature: _____ Date: _____