

## PREFLIGHT SQUAD WORKSHEET

**SQUAD:** \_\_\_\_\_

**SQUAD SOCIAL DATE &  
TIME:** \_\_\_\_\_

**SQUAD LEADER:** \_\_\_\_\_

**LOCATION:** \_\_\_\_\_

### MOBILITY RATINGS

Sound Off #	Vet Last Name	Rating

- ❶ No mobility issues
- ❷ Fragile, but can do bus stairs w/help
- ❸ Cannot do stairs; wheelchair lift; can transfer to seat

### FOOD ALLERGIES

Sound Off #	Vet Last Name	Food Requirement

### TRANSPORTATION NEEDS

Sound Off #	Vet Last Name	Need VHF Trasnport?	To / From Both	Home Location (City, Village)

### FAMILY VISITS IN DC

Sound Off #	Vet Last Name	Meeting with?	Meeting Location