

This Physician Consent Form is designed for individuals using an FAA approved Portable Oxygen Concentrator during flights on air carriers departing or arriving on United States soil.

Must be completed in full, printed on the physician's letterhead and signed by the physician.

FOLD HERE AND COPY ONTO LETTERHEAD

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## POC (Portable Oxygen Concentrator) Physician Statement

Physician's Name: \_\_\_\_\_

Place of Business: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

The following information relates to (passenger) \_\_\_\_\_ whom is a patient in my care. This person:

- is able to operate the POC, has the physical and cognitive ability to see, hear, understand and take appropriate action to audible or visual alarms or cautions that the unit may emit? YES\_\_\_ NO\_\_\_ If no, the customer must travel with someone who is capable of performing the needed functions.
- will require the use of this device during (please check all that apply):  
Taxi\_\_\_\_\_, Takeoff\_\_\_\_\_, Landing\_\_\_\_\_, During flight\_\_\_\_\_
- will need to use this device at a prescribed flow rate of\_\_\_\_\_, understanding that pressurized aircraft cabin altitude is equal to an altitude of 8000 feet above sea level.
- may use the device on\_\_\_\_Pulse delivery,\_\_\_\_Constant flow,\_\_\_\_Either setting

In accordance with Special Federal Aviation Regulation (SFAR) No. 106, 14CFR Part 121. **only the AirSep Freestyle, AirSep Lifestyle, Delphi RS-00400, Devilbiss iGo, Inogen One, Inogen G2, Inova Labs/Intl Biophysics LifeChoice, Oxlife Independence, Invacare Solo2, Invacare XP02, Respironics EverGo, SeQual Technology Eclipse** POC models are approved for use during all phases of flight.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form is valid for one year from signature date