

Aviation Mobility®

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AMERICAN AIRLINES/AMERICAN EAGLE

MEDICAL CERTIFICATE FOR IN-FLIGHT THERAPEUTIC OXYGEN

TO BE COMPLETED BY AVIATION MOBILITY	PNR LOCATOR:
PASSENGER'S NAME _____ AGE _____ DATE _____	
TRIP SEQUENCE: _____ HOME TELEPHONE: _____	
PHYSICIAN: _____ PHYSICIAN TELEPHONE: _____	

****This document will expire within one year and must be available for every flight****

Please be advised that on a routine flight, the decrease in cabin ambient pressure is the equivalent of a fast trip to a mountain elevation of 5000-8000 feet above sea level. (25- 30% reduction in the ambient partial pressure of oxygen)
If needed, contact Aviation Mobility 800 507-7773 M-F 8am-830pm ET and Saturday/Sunday 10am-630pm ET.

1. Diagnosis: _____
2. Is passenger stable for air travel? YES NO
3. Does passenger require oxygen for travel? YES NO
4. Supplemental Oxygen (PLEASE ONLY CIRCLE ONE)
Flow Rate: (LPM) 0.5 1.0 1.5 2.0 2.5 3.0 4.0 5.0 6.0
5. Frequency: CONTINUOUS NON CONTINUOUS
6. Device: NASAL CANNULA MASK INFANT CANNULA/MASK
7. Supplemental oxygen is **NOT** available onboard American Eagle (smaller commuter aircraft)
 - a. Is passenger traveling on American Eagle? YES NO
 - b. Duration of American Eagle flight: Hour(s) _____ Minutes _____
 - c. If YES, can this passenger fly on American Eagle **WITHOUT** supplemental oxygen? YES NO
8. Is this passenger is capable of completing this flight safely without requiring extraordinary medical assistance during the flight. YES NO
9. Additional Comments: _____

Physician Signature

Date

The information contained on this certificate is privileged information between physician, patient, Aviation Mobility and AMERICAN AIRLINES and is confidential information intended for the use of the individual named above.

Aviation Mobility Offers Portable Oxygen Concentrators