

Aviation Mobility®

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PHYSICIAN'S STATEMENT FOR AIR TRAVEL PORTABLE OXYGEN CONCENTRATORS FOR PULSE FLOW MACHINES

This document will expire within ONE YEAR and must be available for every flight

*****Aviation Mobility Offers Therapeutic Oxygen*****

PASSENGER/PATIENT'S NAME _____

RECORD LOCATOR _____ DATE OF FLIGHT _____

Pursuant to Federal Aviation Regulations, a customer who would like to use a portable oxygen concentrator unit on board an airline must obtain a written statement from his or her physician answering the questions listed below. This document is to remain in your personal possession and must be presented to airline representatives upon request. Any changes in oxygen requirements such as a revised flow rate will require an updated statement. You are responsible for ensuring that your unit is in good condition and free from damage or excessive wear and tear. **You are responsible for bringing onboard an adequate supply of fully charged batteries, per your oxygen requirements, to power the device for not less than 150% of the expected maximum flight duration, during connections and in the event of unexpected delays.** For questions regarding maximum flight duration, please contact Aviation Mobility at 877-771-3960. All batteries must be transported in carry-on (not checked) baggage and must be packed in a manner that protects them from damage or short circuits. Your portable oxygen concentrator, as well as the baggage containing the batteries, is exempt from the normal carry-on limitation of one piece plus a personal item.

FAA APPROVED CONCENTRATORS FOR AIR TRAVEL

Inogen One (1-5 LPM Pulse only)	Inogen One G2 (1-5 LPM Pulse only)
Respironics EverGo (1-6 LPM Pulse only)	LifeChoice (1-3 LPM Pulse only)
Invacare XPO2 (1-5 LPM Pulse only)	Delphi RS-0040 (1-5 LPM Pulse only)
AirSep Lifestyle (1-5 LPM Pulse only)	AirSep Freestyle (1-3 LPM Pulse only)
Sequal Eclipse (1-6 LPM Pulse & 1-3 LPM Continuous flow)	
DeVilbiss iGo (1-6 LPM Pulse & 1-3 LPM Continuous flow)	
Oxlife Independence (1-6 LPM Pulse & 1-3 LPM Continuous flow)	
Invacare Solo2 (1-5 LPM Pulse & 1-3 LPM Continuous)	

TO BE COMPLETED BY PHYSICIAN:

1. Does passenger require POC for use **ON BOARD** flight? YES _____ NO _____

If not, please initial box if oxygen is not needed during the duration of the flight and the POC is carry on only.

2. Does the user of the device have the physical and cognitive ability to see, hear, understand, and take appropriate action in response to the device's aural and visual cautions and warnings? YES _____ NO _____

If not, the customer must travel with someone who is capable of performing these functions.

3. Is oxygen use medically necessary for continuous use during taxi, take-off, landing, and during flight? YES ___ NO ___

4. In the event of a flight connection, will oxygen be required while on the ground? YES _____ NO _____

5. Pressurized aircraft cabin altitude equals 8,000 feet above sea level. Recognizing the possible changes in cabin pressure during flight, the patient's required oxygen flow rate during flight is

1 1.5 2 2.5 3 3.5 4 4.5 5 6

(Maximum Flow Rate of 6 LPM Pulse Permitted)

Physician's Name: _____ Signature _____

Place of Business/Address: _____

Telephone: _____ Fax: _____ Date _____