



Medical Verification Statement: Portable Oxygen Concentrators

This document serves as verification that _____ requires the use of supplementary oxygen, whilst travelling and that this requirement can be met through the use of an approved portable oxygen concentrator (POC)

I verify the following:

- That the passenger has the physical and cognitive ability to see, hear and understand the POC's aural and visual cautions and warning and is able without assistance, to take the appropriate action in response to those cautions and warnings.
- The requirements for the use of the POC on board are as follows : (Mark requirement that specifically applies for use on board)
 - Continuous** - During all phases of the flight, including taxi, take off and landing.
 - Intermittent** - During the flight, but not whilst taxing, take off and landing.

The oxygen flow rate for the POC is set at _____ litres per minute, considering the air pressure in the cabin under normal operating conditions.

I, Dr _____ hereby certify that the above named passenger is under my care and in my opinion may travel on board a commercial aircraft without the likelihood of medical risk to their health or physical condition. **(Please take into consideration in your assessment that the aircraft cabin is pressurized to between 6 to 8,000 feet above sea level and a passenger with pulmonary or cardiac pathology may rapidly desaturate. If there is any doubt an altitude simulation test/hypoxic inhalation test may be required before assessing as fit)**

My patients understands that it is their sole responsibility to provide batteries, nasal canula's and other POC related equipment, and that the airline shall take no responsibility for the physical condition of the POC. In addition I have advised the passenger to carry ample charged batteries to power the POC for the duration of the flight, in addition to three (3) additional hours to cover any unexpected delays.

The patient's physical condition is stable, and it is not anticipated that this passenger will require any specialized medical assistance on board.

Any change to a patient's health that would amend the criteria listed above, will require an updated Physician's Medical Verification Statement to be completed.

Please note: Any medical equipment must be dry cell battery operated and may not be plugged into or charged on the aircraft using aircraft power supply. Please ensure adequate dry cell batteries are carried for flight.

Physician's signature _____ DEA _____

Address _____

Office Contact Number _____ Date _____