



### Air Travel with the Precision Medical Inc. Portable Oxygen Concentrator

Special Federal Aviation Regulation (SFAR) 106 of the Federal Aviation Administration which became effective Aug 11, 2005 permits passengers to use certain portable oxygen concentrators (POC) devices on commercial aircraft.

The Precision Medical POC has been approved by the FAA in SFAR 106 for use on board aircraft with specific air carries and patient requirements.

This Physician's medical statement is required under SFAR 106, section 3(b)(i-iii) for patients requiring supplemental oxygen while on board an aircraft. This statement must be carried with the patient at all times and be available for inspection upon boarding the aircraft, or on demand by an air carrier representative. This statement must be completed and signed by a licensed physician.

#### Physicians Statement

Patient Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

I verify the following conditions and requirements for the patient in my care:

The oxygen flow setting for the POC is \_\_\_\_\_ and may be increased to a maximum flow value of \_\_\_\_\_ as needed, depending upon possible changes in cabin pressure during the flight.

The POC is medically necessary during the following portions of the flight: ( ) intermittently, during flight, but not during taxi, takeoff, or landing.

- Continuously, but only during the portions of the flight when other common electronic devices are authorized.
- Continuously, during all portions of the flight, including taxi takeoff, and landing.
- The patient and/or the traveling companion can properly see, hear, understand, and respond to all cautions, warnings, and alarm conditions of the POC.
- The patient may travel on a commercial aircraft without likelihood of medical risk to their health or requiring extraordinary medical assistance.
- The patient understands that he/she is responsible for having enough battery power for the estimated flight time, plus any unexpected delays.
- The patient understands the air carrier is not responsible for providing batteries, on board power, or related equipment.

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

Physician's Signature \_\_\_\_\_