

Physician Consent Form for an Individual Who Needs to Use a Portable Oxygen Concentrator (POC) During a Vision Airlines Flight

(Must be completed in full by the Passenger's physician and printed on physician's letterhead)

Physician's Name: _____
Place of Business: _____
Address: _____
Telephone: _____
Fax: _____

Please note that, in accordance with Special Federal Aviation Regulation (SFAR) No. 106, 14 CFR Part 121, only the **AirSep FreeStyle, AirSep LifeStyle, Delphi RS-00400, DeVilbiss Healthcare iGo, Inogen One, Inogen One G2, International Biophysics LifeChoice, Invacare SOLO₂, Invacare XPO2 (XPO100), Oxlife Independence Oxygen Concentrator, Respironics EverGo, and SeQual Technology Eclipse** POC models are approved for use during flight. Compressed or liquid medical oxygen may not be used or transported on Vision Airlines.

The following information relates to _____, who is a patient in my care. He/She: (Passenger/Patient name)

- is able to operate the POC and recognize and respond appropriately to its alarms. Yes _____ No _____ If the answer is no, the Passenger/Patient must travel with a companion who is able to perform these functions. _____
(initial)

- will require the use of the device during (check all that apply) taxi____, takeoff____, in air____, and/or landing____.

- will be using a maximum oxygen flow rate of _____, corresponding to the pressure of the aircraft under normal operating conditions. (Cabins are pressurized to an altitude of 8,000 feet.)

(physician signature) _____ (date)*

*Form must be dated within one year of travel date.



**NOT VALID UNLESS PRINTED ON
PHYSICIAN'S LETTERHEAD**