



Physician consent form for use of a portable oxygen concentrator (POC)

Must be completed and signed by the traveler's doctor.
Traveler must print and bring this form with them during their trip.

To be completed by the traveler's physician

Physician name	State license or registration number
Address	City
State or province	Country or region
Telephone	Fax

I certify that _____ requires the use of supplementary oxygen while traveling and this requirement can be met through the use of an approved portable oxygen concentrator (POC).

The oxygen flow rate setting for the POC is _____ liters per minute (LPM), considering the air pressure in the cabin under normal operating conditions

Please select one of the following:

- POC is medically necessary during all phases of the flight, including taxi, takeoff and landing.
- POC is medically necessary only during the portion of the flight when common electronic devices are authorized by crew, which is generally after takeoff and before landing.
- POC is medically necessary intermittently during flight, but not during taxi, takeoff or landing.

By signing this form, I confirm that:

- The traveler's use of a POC is medically necessary.
- The traveler is capable of completing the flight safely without extraordinary medical assistance.
- The traveler has been advised by me to have ample charged batteries to power the POC for the length of their flight, any connections, plus three additional hours to cover any unexpected delays, diversions or cancellations.
- Any change to the traveler's health that affects the criteria listed here will result in me updating this consent form, including the possibility of rescinding my certification.

Physician signature _____

Date