

PHYSICIAN'S CONSENT FORM For use of Portable Oxygen Concentrator (POC)

Must be completed and signed by the passenger and passenger's physician Additional information can be found at www.aa.com

Physician's Name							
Address:		_Fax:					
Customer Information: This document is to remained the changes in oxygen require					sentative upc	on request. Any	
You are responsible for kn condition and free from da			centrator	(POC) device,	ensuring tha	t your device is in good	
You are responsible for tra- and ground connection tim (Electrical power ports may for fully charged batteries.)	ne where the POC is planner to be available on certain fl	ed to be used (per man	ufacture	r's recommend	dation) for un	anticipated delays.	
I understand and agree wit	h the above information _			<i></i>			
		(Passenger's Signatur	e/Date)		(Telephor	ne Contact)	
Physician Information:							
The following information relates tocare.				, who is a patient in my			
		(Passenger/Patient nar	me)				
He/She needs to operate a the aircraft under normal c						to the pressures of	
Make and model of POC*							
Biophysics "Lifechoice" by Inova Labs, Inc	feStyle – RTCA sticker required, AirSep wa Labs – Lifechoice Activox, Invacare Corpc plyGO, Respironics-EverGo, SeQual Ec	oration's SOLO2, XPO2, XPO100, X	PO100B, Oxlife	Independence, Oxus RS	S-00400, Precision N	Medical Easy Pulse	
Patient is able to operate t	he POC and recognize and	respond appropriately	to its ala	ırms. Yes or	No		
(If the answer is no, Americ	-			·		form these functions.)	
Patient will require the	e use of the device during	(circle all that apply):	Taxi	Take-off	In-flight	Landing	
(Physician's Signature)				-	(Dat	te)	