

## PHYSICIAN STATEMENT FOR POC USE



Dear Physician,

Your patient desires to use a Portable Oxygen Concentrator on board a United aircraft for upcoming travel. Federal Aviation Regulations require that a physician verify the customer's medical need to use this device while traveling on a commercial aircraft. Accordingly, please answer the questions below. After you have completed and signed this form, please return to your patient as this form must be in his or her possession and available for inspection on the day of travel.

We appreciate your time and assistance with this process.

*United Airlines Medical Department*

### TO BE COMPLETED BY PHYSICIAN

This letter is my verification that \_\_\_\_\_ [Passenger printed name] requires the use of supplementary oxygen while traveling and this requirement can be met through the use of an approved Portable Oxygen Concentrator (POC). I further verify the following:

- I verify that the passenger has the physical and cognitive ability to see, hear, and understand the device's aural and visual cautions and warnings and is able, without assistance, to take the appropriate action in response to those cautions and warnings.
- I verify that the passenger's use of the POC is medically necessary.
- I verify that my patient understands that the POC is the patient's responsibility and the airline is not responsible for providing batteries, providing onboard power, providing nasal cannulas or other POC-related equipment, and that the airline is not responsible for the POC's physical condition. The patient is capable of completing the flight safely without extraordinary medical assistance and has been advised by me to have ample charged batteries to power the POC for the length of the flight plus three (3) additional hours to cover any unexpected delays, gate holds, diversions or cancellations.
- Any change to the patient's health that would amend the criteria listed above will require that an updated Physician Medical Verification Statement be completed.

Please check the appropriate statement below:

\_\_\_ POC is medically necessary during all phases of the flight, including taxi and take-offs and landings.

\_\_\_ POC is medically necessary only during the portion of the flight when common electronic devices are authorized by crew, which is generally after take off and before landing.

\_\_\_ POC is medically necessary intermittently during flight, but not during taxi, take off or landing.

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

Physician's name [please print]	State License or Registration Number
Telephone number	Fax number
Address	
City	State/Country
Physician's signature	Date