



Portable Oxygen Concentrator/Other Respiratory Assistive Device Medical Verification Statement Form

GENERAL INFORMATION

- A passenger who needs to use a portable oxygen concentrator unit must obtain a written statement from his or her physician addressing the below items. Under certain circumstances a passenger intending to use other respiratory assistive devices (such as a respirator, ventilator or continuous positive airways pressure) on board a LIAT aircraft may be required to obtain a written statement from his or her physician.
- This form must be dated within 10 days of initial travel date and is valid for one year from the date of the physician's signature.

CUSTOMER INFORMATION

1. The passenger is responsible for ensuring the unit is in good working condition and free from damage.
2. The passenger is responsible for travelling with a sufficient supply of batteries to last the entire journey, per their oxygen requirements, including all ground time (between connections), the duration of the flight, and for any unexpected delays. All batteries and/or charges must be transported in carry-on baggage (not permitted in checked baggage), and must be packed in a manner that protects them from physical damage and short circuits.
3. A passenger traveling with a POC (or other respiratory assistive device) must not occupy an exit row seat, and will be assigned to a window seat.
4. A POC (or other respiratory device) is the passenger's responsibility and the airline is not responsible for providing batteries, providing on-board power, and providing nasal cannulas or other device-related equipment.
5. The passenger or someone travelling with them must have the physical and cognitive ability to see, hear and understand the POC's aural and visual cautions and warnings and be able, without assistance, to take the appropriate action in response to those cautions and warnings.

MEDICAL VERIFICATION STATEMENT: PORTABLE OXYGEN CONCENTRATOR/OTHER ASSISTIVE REPIRATORY DEVICE

This letter is my verification that _____ requires the use of an approved portable oxygen concentrator (POC) or other respiratory assistive device during his/her flight.
(Customer's printed name)

I verify the following: (check requirement that applies)

- The user of the device is able to operate the device and has the physical and cognitive ability to see, hear, understand, and take appropriate action in response to the device's aural and visual cautions and warnings.
- The user must travel with a companion who is able to operate the device and able to see, hear, understand and take appropriate action to the devices aural and visual cautions and warnings.
 - The use of the device is medically necessary:
 - Continuously during all phases of the flight, including taxi, take-offs and landings.
 - Only during the portion of the flight when common electronic devices are authorized by the crew – generally after take-off and before landing.
 - 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 pressure in the cabin under normal operating conditions.

I _____ certify that the passenger named above is under my care and in my opinion may travel on-board a commercial aircraft without likelihood of medical risk to their health and/or 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 device for 150% of the scheduled length of the journey to cover any unexpected delays, gate holds, diversions or cancellations.
(Doctor's printed name)

Any change to a patient's health that would amend the criteria listed above will require that an updated Physician's Medical Verification Statement to be completed.

Physician's Signature _____

Address _____

Office Phone Number _____ Date _____

Physician's Stamp