

PHYSICIAN STATEMENT



Only Approved Portable Oxygen Concentrators are allowed on KaiserAir, Inc Aircraft (SFAR106)

AirSep LifeStyle	Inogen One G3	Precision Medical EasyPulse
AirSep FreeStyle	Inova Labs LifeChoice	Respironics EverGo
AirSep Focus	Inova Labs LifeChoice Activox	Resperonics SimplyGo
AirSep Freestyle 5	International Biophysics LifeChoice	SeQual Eclipse
Delphi RS-00400	Invacare XPO2	SeQual SAROS
DeVilbiss Healthcare iGo	Invacare Solo2	SeQual eQuinox 4000
Inogen One	Oxlife Independence Oxygen Concentrator	Oxywell 4000
Inogen One G2	Oxus, Inc. RS-00400	VBOX Inc. Trooper

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Patient Name: _____

I verify the following conditions and requirements for the patient in my care:

An approved Portable Oxygen Concentrator is medically necessary during the following portions of the flight:

Check One:

- Continuously, during ALL portions of the flight including taxi, takeoff and landing.
- Continuously, but only during the portions of the flight when other approved electronic devices are authorized.
- Intermittently, during flight, but NOT during taxi, takeoff, or landing.

Flow and setting requirements assuming an 8000 foot cabin pressure altitude: _____.

Check the box to indicate the following:

- The patient and/or traveling companion can properly see, hear, understand and respond to all cautions, warning, and alarm conditions of the approved Portable Oxygen Concentrator.
- The patient may travel on a commercial aircraft without the likelihood of medical risk to their health or requiring extraordinary medical assistance.
- The patient understands that he/she is responsible for having enough battery power for the estimated flight time of _____ **hours** _____ **minutes**, plus any unexpected delays.
- The patient understands that KaiserAir, Inc. is not responsible for providing batteries, onboard power, or related equipment. The patient understands how the unit's batteries are protected from short circuit physical damage. Batteries protected from short circuit include: (1) Those designed with recessed battery terminals; or (2) those packaged so that the battery terminals do not contact metal objects (including battery terminals of other batteries).
- The patient understands that the unit must be in good condition, free of oil, grease, or other petroleum products. The user may only use lotions or salves that are oxygen approved (oil free) when using the device.

Physician's Name: _____ **Phone:** _____

Physician's Signature: _____ **Date:** _____

Patient Signature: _____ **Date:** _____