

Physician Consent Form for an Individual Who Needs to Use a Portable Oxygen Concentrator (POC) During a Southwest Airlines Flight

(Must be completed in full by the Passenger's physician and printed on physician's letterhead)

Physician's Name: _____
Place of Business: _____
Address: _____
Telephone: _____
Fax: _____

Please note that, in accordance with Special Federal Aviation Regulation (SFAR) No. 106, 14 CFR Part 121, only the **AirSep FreeStyle, AirSep LifeStyle, AirSep Focus, AirSep FreeStyle 5, Delphi RS-00400, DeVilbiss Healthcare iGo, Inogen One, Inogen One G2, Inogen One G3, Inova Labs LifeChoice, Inova Labs LifeChoice Activox, International Biophysics LifeChoice, Invacare XPO2, Invacare SOLO2, Oxlife Independence Oxygen Concentrator, Oxus RS-00400, Precision Medical EasyPulse, Respironics EverGo, Respironics SimplyGo, SeQual Eclipse, SeQual eQuinox Oxygen System (model 4000), SeQual Oxywell Oxygen System (model 4000), SeQual Saros, and VBOX Trooper Oxygen Concentrator** models are approved for use during flight.

Compressed or liquid medical oxygen may not be used or transported on Southwest Airlines.

The following information relates to _____, who is a patient in my care. He/She: **(Passenger/Patient name)**

- is able to operate the POC and recognize and respond appropriately to its alarms. **Yes**____ **No**____ If the answer is no, the Passenger/Patient must travel with a companion who is able to perform these functions. _____ **(initial)**
- will require the use of the device during (check all that apply) taxi____, takeoff____, in air____, and/or landing____.
- will be using a device with a maximum oxygen flow rate of _____, corresponding to the pressure of the aircraft under normal operating conditions. (Cabins are pressurized to an altitude of 8,000 feet.)

(physician signature) (date)*

*Form must be dated within one year of travel date.

NOT VALID UNLESS PRINTED ON PHYSICIAN'S LETTERHEAD