



Portable Oxygen Concentrator Physician's Statement

Pursuant to U.S. Federal Aviation Regulations, a guest who requests to use a portable oxygen concentrator unit on board an aircraft must obtain a written statement from his or her physician containing the information in the "Physician's Statement" section of this document. The statement must include the date, the physician's name, telephone number and signature. This Physicians Statement is valid for one (1) year from the date of the physician's signature.

Approved POC Models: 1. AirSep FreeStyle; 2. AirSep FreeStyle 5; 3. AirSep Focus; 4. AirSep LifeStyle; 5. Delphi RS-00400 (EVO Central Air); 6. DeVilbiss Healthcare iGo; 7. Inogen One; 8. Inogen One G2; 9. Inogen One G3; 10. Inova Labs LifeChoice; 11. Inova Labs LifeChoice Activox; 12. International Biophysics LifeChoice; 13. Invacare Solo2; 14. Invacare XPO2; 15. Oxlife LLC Independence; 16. Oxus RS – 00400; 17. Precision Medical EasyPulse; 18. Respironics EverGo; 19. Repironics Simply Go; 20. SeQual Eclipse; 21. SeQual SAROS.

GUEST INFORMATION

This document is to remain in your personal possession. It must be presented to airline representatives upon check-in.

1. You are responsible for ensuring that the unit is in good condition, free from oil, grease, damage and/or excessive wear and tear.
2. You are responsible for traveling with a sufficient supply of batteries to last the entire journey, per your oxygen requirements. This includes, the duration of the flight, all ground time (before and after flight and during connections) and any unexpected delays. All batteries must be transported in carry-on baggage (not permitted in checked baggage) and must be packaged in a manner that protects them from physical damage and short circuits. Your portable oxygen concentrator unit, as well as the baggage containing your batteries, is exempt from the carry-on limitations of two pieces per guest.

PHYSICIAN'S STATEMENT

Patient's name: _____ **Date:** _____

<p>Does the user of the POC have the physical and cognitive ability to see, hear, and understand the device's aural and visual cautions and warnings, and respond accordingly without assistance?</p> <p>Yes _____ No _____</p> <p>If not, the user must travel with a companion who is capable of performing these functions on their behalf.</p>
<p>Is oxygen use medically necessary at all times including; time in the airport, taxi, takeoff, and landing, as well as during the flight?</p> <p>Yes _____ No _____</p> <p>If not, please specify: The portion of the trip requiring oxygen (i.e., only during the flight): _____</p>
<p>WestJet's pressurized aircraft cabin altitude equals 8,000 feet above sea level. The user may adjust the oxygen flow setting to a maximum of _____ as needed during flight, recognizing the possible changes in cabin pressure. A maximum flow rate of 4 litres per minute is permitted.</p>

Physician's name: _____ Physician's telephone: _____

Physician's signature: _____ Date: _____

WESTJET USE ONLY

Customer Service Agent/Flight Attendant: ensure statement is complete and return to the guest.