

Must be completed and signed by the passenger and passenger's physician Additional information can be found at <u>www.aa.com</u>

Physician's Name					
Address:					
Telephone:Fax:					
Customer Information:					
This document is to remain in your personal possession and must be changes in oxygen requirements such as a revised flow rate will req	-		sentative upo	on request. Any	
You are responsible for knowing how to operate your portable oxyg condition and free from damage or excessive wear and tear.	en concentrato	r (POC) device,	ensuring that	t your device is in good	
You are responsible for traveling with an ample supply of batteries to and ground connection time where the POC is planned to be used (p (Electrical power ports may be available on certain flight but cannot for fully charged batteries.)	er manufacture	er's recommend	dation) for un	anticipated delays.	
I understand and agree with the above information					
(Passenger's S Physician Information:	ignature)		( Date)		
The following information relates to		, who is a patient in my			
care. (Passenger/Pa	tient name)				
He/She needs to operate a POC device at a flow rate of				to the pressures of	
Make and model of POC*					
FAA Approved Models: AirSep LifeStyle – RTCA sticker required, AirSep FreeStyle, AirSep FreeS Biophysics "Lifechoice" by Inova Labs, Inova Labs–Lifechoice Activox, Invacare Corporation's SOLO2, XPO2 PM4150, Phillips/Respironics-SimplyGO, Respironics-EverGo, SeQual Eclipse (Model 1000), Set 3000).	XPO100, XPO100B, Ox	life Independence, Oxus R	S-00400, Precision N	1edical Easy Pulse	
Patient is able to operate the POC and recognize and respond appro	priately to its a	arms. <u>Yes</u> or	No		
(If the answer is no, American Airlines will require the Passenger/Pat	ient to travel w	ith a companio	on able to per	form these functions.)	
Patient will require the use of the device during (circle all that a	oply): Taxi	Take-off	In-flight	Landing	
(Physician's Signature)		-	( Dat	e)	