

Medical Verification Statement: Portable Oxygen Concentrators

This letter is my verification that _____ requires the use of
(Passengers Printed Name)

supplementary oxygen while traveling and this requirement can be met through the use of an approved portable oxygen concentrator (POC). In accordance with Special Federal Aviation Regulation (SFAR) No. 106, 14 CFR Part 121, only the following models of POCs are allowed on Continental, Continental Express, Continental Connection and Continental Micronesia flights:

- **AirSep "Lifestyle"**
- **AirSep "Freestyle"**
- **Delphi RS-00400 "Central Air"**
- **DeVilbiss "iGo"**
- **Inogen One**
- **Inogen One G2**
- **International Biophysics "LifeChoice"**
- **Invacare XPO2**
- **OxLife "Independence"**
- **Respironics "EverGo"**
- **SeQual "Eclipse"**

Compressed or liquid medical oxygen may not be used nor transported on any Continental flights.

I verify the following:

- The user has the ability to respond to alarms (either audio or visual warnings) and is able to take appropriate action.
- The use of the POC is medically necessary: (check requirement that best applies)
 - _____ 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. This would generally be 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 air pressure in the cabin under normal operating conditions.

I _____ certify that the passenger named above is
(Doctors Printed Name)

under my care and in my opinion may travel on board a commercial aircraft without the likelihood of medical risk to their health and/or physical condition. My patient understands that the POC is the patient's responsibility and the airline is not responsible for providing batteries, providing on-board power, providing nasal cannulas or other POC-related equipment, and that the airline is not responsible for the POC's 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 POC for the length of the flight plus three (3) additional hours to cover any unexpected delays, gate holds, diversions or cancellations.

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

Physician Signature _____ DEA _____

Address _____

Office Phone Number _____ Date _____