

For use of portable oxygen concentrator (POC)

PHYSICIAN NAME

ADDRESS

TELEPHONE

FAX

CUSTOMER INFORMATION

This document must remain in your possession and be presented upon request to an airline representative. If there are changes in oxygen requirements, it will require an updated statement.

You are required to know how to operate your portable oxygen concentrator (POC) and ensure that your device is in good working order and free from any damage or extensive wear and tear.

You are also responsible to travel with an ample supply of batteries to power your POC for 150% of the scheduled flight time and stages of flight that the POC will be used (per manufacturer's recommendation) and to accommodate unanticipated delays. Electrical power outlets are not available for POC use on JetBlue flights.

I understand and agree with the above customer information.

CUSTOMER SIGNATURE_____
DATE**PHYSICIAN INFORMATION**

The following statement is for _____, who is a patient in my care.
CUSTOMER NAME

This person needs to operate a POC device at a flow rate of _____ Liters per Minute (LPM), corresponding to the pressure of the aircraft under normal operating conditions. (Cabins are pressurized to an altitude of 8,000 feet.)

MAKE AND MODEL OF POC

Approved POC models are found on www.faa.gov/about/initiatives/cabin_safety/portable_oxygen/

Patient is able to operate the POC and recognize and respond appropriately to its alarms.

Yes No*

*(If the answer is no, the customer/patient will be required to travel with a companion that is able to perform these functions.)

Patient will require the use of the device during (check all that apply):

Taxi Takeoff Inflight Landing

The patient understands that he/she must travel with an ample supply of fully charged batteries to power the POC for 150% of the duration of the flight and ground connection time where the POC is planned to be used (per manufacturer's recommendation). (Electrical power outlets are not available for POC use on JetBlue flights.)

PHYSICIAN INITIALS

An updated physician's consent form must be completed whenever the customer's/patient's health changes in a way that affects his/her fitness to fly with a POC for supplemental oxygen.

PHYSICIAN SIGNATURE_____
DATE