

ALASKA AIRLINES PHYSICIAN'S CONSENT FORM

For Portable Oxygen Concentrator (POC) use

Must be completed in full by the passenger's physician and printed on physician's letterhead or a physician may draft their own letter containing the same information found on this form printed on the physician's letterhead.

If passenger is using a POC rental, please confirm the make and model of POC prior to completion of this form.*

Additional information can be found at www.alaskaair.com

FORM NOT VALID UNLESS PRINTED ON PHYSICIAN'S LETTERHEAD

Physician's Name: _____

Place of Business: _____

Address: _____

Telephone: _____

Fax: _____

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

He/She will be using a device with a maximum oxygen 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.)

Compressed or liquid oxygen may not be used or transported on Alaska Airlines

Make and model of POC* _____

*Please note: In accordance with Special Federal Aviation Regulation (SFAR) No. 106, 14 CFR Part 121, only the **AirSep Focus, AirSep FreeStyle 5, AirSep Freestyle, AirSep Lifestyle, DeVilbiss iGo, InogenOne G3, Inova Labs LifeChoice Activox, Invacare Corporation's SOLO2, Invacare Corporation's XPO2, Invacare Corporation's XPO100, Invacare Corporation's XPO100B, Inogen One, Inogen One G2 Lifechoice XYC100 manufactured by Inova Labs (also known as International, Biophysics Lifechoice), Oxus RS-00400 (also known as Delphi Medical Systems RS-00400), Precision Medical EasyPulse, Respironics EverGo, Oxlife Independence, Respironics SimplyGo, SeQual Eclipse (Model 1000), SeQual Eclipse 2 (Model 1000A), SeQual Eclipse 3 (Model 1000B), SeQual SAROS (not approved for use on Q400 aircraft)** models are approved for use during flight.

Patient is able to operate the POC and recognize and respond appropriately to its alarms. Yes No
(If the answer is no, Alaska Airlines will require the Passenger/Patient to travel with a companion able to perform these functions.)

Patient will require the use of the device during (circle all that apply): Taxi Take-off In flight Landing

The patient understands that he/she must bring an ample supply of fully charged batteries to power the POC for the duration of the flight and ground connection time where the POC is planned to be used (per manufacturer's recommendation), plus one additional battery for unanticipated delays. (Alaska Airlines do not have electrical power or batteries available for customers use onboard our aircraft.) _____

(Physician's Initials)

An updated Physician's Consent Form must be completed whenever the patient's health changes in such a way that affects his/her fitness to fly with supplemental oxygen.

(Physician signature)

(Date)*