

Physician Consent Form for an Individual Who Needs to Use a Portable Oxygen Concentrator (POC) During an Allegiant Air Flight

(Must be completed in full by the customer's physician and printed on physician's letterhead)

Physician's Name: _____

Place of Business: _____

Address: _____

Telephone: _____

Fax: _____

Please note that, in accordance with Special Federal Aviation Regulation (SFAR) No. 106, 14 CFR Part 121, only the **AirSep FreeStyle, AirSep LifeStyle, Inogen One, Respironics EverGo, SeQual Technology Eclipse, Invacare XP02, and EVO Central Air (Delphi RS-00400) POC** models are approved for use during flight.

Compressed or liquid medical oxygen may not be used or transported on any Allegiant Air flight.

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

- has the physical and cognitive ability to see, hear and understand the POCs aural and visual cautions and warnings and is able without assistance, to take the appropriate action in response to those cautions and warnings.
Yes____ No____ If the answer is no, the Passenger/Patient must travel with a companion who is able to perform these functions. _____ (initial)
- will require the use of the device during (check all that apply) taxi____, takeoff____, in air____, and/or landing____.
- will be using a device with a maximum oxygen flow rate of _____, corresponding to the pressure of the aircraft under normal operating conditions.

(physician signature)

(date)*

*Form must be dated within one year of travel date.

NOT VALID UNLESS PRINTED ON PHYSICIAN'S LETTERHEAD