

Physicians Statement for Portable Oxygen Concentrator (POC) Use



Dear Physician,

We kindly ask that you please complete and sign the form below for your patient whom is requesting to use their Portable Oxygen Concentrator on board a Hawaiian Airlines flight. Federal Aviation Regulation and the Department of Transportation requires that a physician verify the customer’s medical need to use a Portable Oxygen Concentrator while traveling on commercial aircraft. *This form will need to be in the passenger’s possession and available for inspection on the day of travel.*

Mahalo!
Hawaiian Airlines

TO BE COMPLETED BY THE PASSENGER

Reservation/Confirmation Number: _____
Departing Flight #1 _____ Flight #2 _____ Flight #3 _____ Date of departure: ____/____/____ (M/D/Y)
Returning Flight #1 _____ Flight #2 _____ Flight #3 _____ Date of departure: ____/____/____ (M/D/Y)
Passenger’s travel contact phone number (including area code/country code): _____

TO BE COMPLETED and SIGNED BY TREATING PHYSICIAN

This letter verifies that _____ (*print Passenger’s name*) requires the use of supplemental oxygen while traveling; which can be met through the use of their _____ (Brand/Model) Portable Oxygen Concentrator (POC). I further verify the following:

- _____ I verify the passenger’s ability to travel and that he/she has the physical and cognitive ability to see, hear, and understand the device’s audio and visual cautions and warnings; And is able, without assistance, to take the appropriate action in response to those cautions and warnings
- _____ I verify that the passenger is traveling with a Safety Assistant who can respond to the device, *IF* the passenger cannot respond to the device’s audio and visual cautions and warnings to take the appropriate action in response to those cautions and warnings
- _____ I verify that the passenger’s use of the POC is medically necessary and will be required during the trip
- _____ I verify that my patient understands that the POC is the patient’s responsibility and the airline is not responsible for providing batteries, providing onboard power, providing nasal cannulas or other POC-related equipment, and 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 fifty percent (50%), to cover any unexpected delays, gate holds, diversions or cancellations
- _____ I have advised the Customer that he/she must ensure that the POC is free of oil, grease, or other petroleum products, and is in good condition and free of damage or other signs of excessive wear or abuse. Verification of appropriate maintenance of the POC must be provided by the passenger upon request

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

Please initial the appropriate statement(s) below:

- _____ POC is medically necessary during ALL phases of the flight, including taxi and take-offs and landings.
- _____ POC is medically necessary 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. *Circle one to indicate if this is a, **Pulse** flow or **Continuous** flow.*

Physician’s name [please print]:	State License or Registration Number:
Telephone number :	Fax number:
Office Address:	
City:	State/Country:
Physician’s signature:	Date:

Printed date must be within thirty (30) days of scheduled departure date