



### PHYSICIAN'S CONSENT FORM

For use of oxygen tanks or Portable Oxygen Concentrator (POC)

Must be completed in full by the passenger's physician and printed on 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, "Know Before You Go".

#### 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.)

Patient will be using: Oxygen Tank(s) provided by Aviation Mobility [ ] Yes [ ] No

Supplemental medical oxygen may be arranged for use only on Alaska Airlines flights within the State of Alaska and between the State of Alaska and Seattle, WA or Portland, OR, provided the passenger gives Alaska Airlines at least 48 hours' advance notice. Supplemental medical oxygen may not be used on Horizon Air flights.

Patient will be using: Portable Oxygen Concentrator (POC) [ ] Yes [ ] No

Make and model of POC\* \_\_\_\_\_

\*Please note: 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, Delphi Medical Systems Model RS-00400 and Invacare Corporation Model XPO2 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 and Horizon Air 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 and Horizon Air 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)\*