

**Physician Consent Form for an Individual Who Needs to Use a
Portable Oxygen Concentrator (POC) During a
Southwest Airlines Flight**

(Must be completed in full by the Passenger'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, Oxus, Inc. RS-00400 (formerly manufactured by Delphi), DeVilbiss Healthcare iGo, Inogen One, Inogen One G2, Inova Labs LifeChoice (formerly manufactured by International Biophysics), Invacare SOLO2, Invacare XPO2 (XPO100), Oxlife Independence Oxygen Concentrator, Repironics EverGo, and Sequel Eclipse POC** models are approved for use during flight. Compressed or liquid medical oxygen may not be used or transported on Southwest Airlines.

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

- is able to operate the POC and recognize and respond appropriately to its alarms. 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. (Cabins are pressurized to an altitude of 8,000 feet.)

(physician signature) _____
(date)*

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

**NOT VALID UNLESS PRINTED ON
PHYSICIAN'S LETTERHEAD**