

**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, Delphi RS-00400, DeVilbiss Healthcare iGo, Inogen One, Inogen One G2, International Biophysics LifeChoice, Invacare XPO2 (XPO100), Oxlife Independence Oxygen Concentrator, Respironics EverGo, and SeQual Technology 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**