LifeChoice® and LifeChoice Activox™ Portable Oxygen Concentrator

Physician Statement

The LifeChoice and LifeChoice Activox Portable Oxygen Concentrators have been approved for use on board commercial aircraft. Pursuant to Federal Aviation Regulation (SFAR 106), passengers who would like to use approved portable oxygen concentrator units on board an airline must obtain a written statement from their physician answering the questions listed below. This statement must be carried with the patient at all times and be available for inspection upon boarding the aircraft or on demand by an airline representative. This statement must be completed and signed by a licensed physician.

Traveler Information

You are responsible for traveling with a sufficient supply of batteries to last the entire journey, per your oxygen requirements, including the duration of that flight, all ground time (before or after flight and during connections) and for unexpected delays. All batteries must be transported in carry-on (not checked) baggage and must be packed in a manner that protects them from damage or short circuits. Your portable oxygen concentrator, as well as the baggage containing the batteries, is exempt from the normal carry-on limitation of one piece plus a personal item.

To Be Completed By Physician

Patient Name: ________________________________________ DOB: ___/___/____

___ LPM is this patient’s required oxygen flow rate during flight

The LifeChoice or LifeChoice Activox POC is medically necessary during the following portions of the flight:

- Intermittently during flight, but not during taxi, takeoff, or landing.
- Continuously, but only during the portions of the flight when other common electronic devices are authorized.
- Continuously during all portions of the flight including taxi, takeoff, and landing.

☐ The patient and/or caretaker traveling with the patient has the physical and cognitive ability to see, hear, understand, and take appropriate action in response to the device’s aural and visual cautions and warnings.

☐ The patient understands that he/she is responsible for having enough battery power for 150% of the estimated flight time, plus any unexpected delays.

☐ The patient understands the air carrier is not responsible for providing batteries, on board power, or related equipment.

Physician Signature: ________________________________________

Printed Physician Name: __________________________

Physician Telephone: __________________________

XYC447 Rev C Sept 2013