

## Physician's Statement: Portable Oxygen Concentrators (POC)

When all fields are completed, please return a copy of this form to the Cathay Pacific local Reservations office a **minimum of 48 hours** prior to the scheduled departure time of the first flight. This form must be dated within 10 days of departure date of the first flight. Only FAA approved POCs can be used onboard. (For the full list please refer to our [website](#)). It is the passenger's responsibility to provide a sufficient number of fully-charged batteries in order to power the unit for 150% of the flight's duration and related supplies. All batteries carried onboard must be packed in accordance with the relevant authority regulations and requirements for safety, security and hazardous material. Please see our website (Helping You Travel > Baggage > [Lithium Batteries](#)) for further information. Cathay Pacific shall take no responsibility for the POC.

**Note: If approved to travel, you must bring a copy of this form with you to the airport.**

### Section 1: General Information (Must be completed by the Passenger)

Name of passenger using the POC: (Last, First) \_\_\_\_\_  
Booking Confirmation Number \_\_\_\_\_  
Departing Flight No: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
Date of Departure: \_\_\_\_\_ (Day/Month/Year)  
Passenger contact phone number (including area code / country code): \_\_\_\_\_

### Section 2: Physician Statement (Must be completed by the Physician)

This document serves as verification that the above named passenger requires the use of an approved Portable Oxygen Concentrator (POC) to provide supplementary oxygen for medical reasons whilst travelling.

- I verify the following: (tick appropriate box)
  - the passenger has the physical and cognitive ability to operate the device; see and hear any alarms and respond appropriately.
  - the passenger does NOT have the physical and cognitive ability to operate the device; see and hear any alarms and respond appropriately, but is accompanied by a passenger who can perform these functions.
- The requirements for the use of the POC on board are as follows:
  - Continuous** - During all phases of the flight, including taxi, take off and landing.
  - Intermittent** - During the flight, but not whilst taxiing, take off and landing.
- The oxygen flow rate for the POC is set at \_\_\_\_\_ litres per minute, considering the air pressure in the cabin under normal operating conditions.

I, Dr \_\_\_\_\_ hereby certify that the above named passenger is under my care and **in my opinion is capable of completing the flight safely, without requiring extraordinary medical assistance during the flight.** (Please be advised that the aircraft cabin is pressurized to between 6,000 - 8,000 feet above sea level and a passenger with pulmonary or cardiac pathology may rapidly desaturate.) Any changes to a patient's health that would amend the criteria listed above will require an updated Physician's Statement to be completed.

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Date \_\_\_\_\_