

MEDICAL STATEMENT FOR PORTABLE OXYGEN CONCENTRATOR (POC) USE

Pursuant to Federal Aviation Regulations, a customer who would like to use a portable oxygen concentrator unit on board Brussels Airlines must obtain a written statement from his or her physician answering the questions listed below.

Please have your physician complete this request and fax no less than 48 hours prior departure to the **Brussels Airlines Medical Assistance Co-ordination Service** ◦ Fax **+32 2 723 3705** ◦ Tel. **+32 2 723 3703** ◦ Email : meda@brusselsairlines.com

CUSTOMER INFORMATION REGARDING POC

This document is to remain in your personal possession and must be presented to airline representatives upon request. This document will not expire but must be available for every flight. Any changes in oxygen requirements such as a revised flow rate will require an updated statement. You are responsible for ensuring that your unit is in good condition and free from damage or excessive wear and tear. **You are responsible for traveling with a sufficient supply (150 percent) of batteries to last the entire journey**, per your oxygen requirements, including the duration of the flight, all ground time (before and 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 limitations.

Passenger's name			
Phone number		Brussels Airlines reservation code	
POC make/model		Total hours of battery operation	

+++ to be completed by PHYSICIAN ++++ to be completed by PHYSICIAN +++

Dear Physician,

your patient desires to use a Portable Oxygen Concentrator on board a Brussels Airlines aircraft for upcoming travel. Please check if your patient is capable of completing the flight safely without extraordinary medical assistance. Federal Aviation Regulations require that a physician verifies the customer's medical needs to use this device while traveling on a commercial aircraft. Accordingly, please answer the questions below. After you have completed and signed this form, please return to your patient as this form must be in his or her possession and available for inspection on the day of travel.

We appreciate your time and assistance with this process !

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

- is able to operate, without assistance, the POC and recognize and respond appropriately to its alarms. Yes No
If not, the user must travel with someone who is capable of performing those functions.
- The use of the POC is medically necessary: (check requirement that applies)
 - Continuously during all phases of the flight, including taxi, take-off or landing.
 - Only when common electronic devices are authorized by crew, generally after take-off and before landing.
 - Intermittently during the flight, but not during taxi, take-off and landing.
 - Not required for in-flight use, will transport in cabin only
- The oxygen flow rate setting for the POC is _____ l/min, corresponding to the pressure of the aircraft under normal operating conditions. (Aircraft cabins are pressurized to an altitude of approximately 8,000 feet/ 2400 m over sea level.) Brussels Airlines is not responsible for providing nasal cannulas or other POC-related equipment.

Physician's signature		Date	
Physician's name (please print)		State License or Registration Number	
Telephone number		Fax number	
Address			
City		State/Country	