I FLIGHT MEDICAL OXYGEN

Passengers are permitted to travel with their own medical oxygen, providing it has been prescribed by a licenced physician or other licenced health professional, such as a respiratory therapist, for use by the passenger. We will require documentation from the licenced physician or licenced health professional stating the need for medical oxygen, specifying the maximum quantity of oxygen needed for the entire flight and the maximum flow rate needed. The Licenced Physician or Licenced health professional’s statement is valid for one (1) year from the date of signature.

**Approval Process**

Please return the completed copy of this form to PAL Airlines no less than 48 hours prior to your flight. If submitted within 48 hours, we will make every reasonable effort to accommodate the request. Medical information shared will be kept confidential.

Passengers must present this completed form to the airline representative upon check-in.

Email: [customer.service@palairlines.ca](mailto:customer.service@palairlines.ca)

Phone: 1-800-563-2800

Fax: 1-709-576-3184

**Section 1 – To be completed by the passenger**

*Please print legibly. All fields are mandatory, unless noted otherwise.*

**Passenger Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Middle Last

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD/MM/YY

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Passenger Consent**

I hereby authorize a Licenced Physician or Licenced Healthcare Professional (such as a Respiratory Therapist) to provide and discuss information requested in this document to PAL Airlines. PAL Airlines reserves the right to contact your Licenced Physician or Licenced Healthcare Professional to confirm or clarify details contained within.

I am aware of the acceptance criteria and requirements for use of oxygen in the aircraft cabin and confirm all information contained on this form is accurate to the best of my knowledge.

Passenger Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD/MM/YY

**Travel Information** Reservation Number (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Travel Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD/MM/YY

Travel Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD/MM/YY

Flight Number: \_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Flight Number: \_\_\_\_\_\_\_\_\_\_ From: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Oxygen Information**

Select the type of medical oxygen that you will be using onboard a PAL Airlines aircraft:

Portable Oxygen Concentrator (POC) Type ‘D’ Medical Oxygen Cylinder

**Portable Oxygen Concentrator (POC)**

**Acceptance Criteria**

To be approved for use on board a PAL Airlines aircraft, your POC must meet the following criteria:

* It displays the manufacturer’s label that indicates the device conforms all applicable Federal Aviation Administration acceptance criteria for POC carriage and use on board aircraft.
* The device appears on the list of approved POC models accepted by PAL Airlines for use in-flight.
* Size restrictions of the unit must not exceed: 12 x 16 x 10 inches *or* 30 x 40 x 25 cm (under seat maximum).

**Requirements for use in cabin**

* The passenger is required to know how to operate the POC unit to ensure that the device is in good working order and free from oil, grease, and no visible signs of damage or abuse.
* The passenger should have the cognitive and sensory capacity to detect any alarm indications associated with the operation of their portable oxygen concentrator and be capable of responding to problems with the operation of the unit without assistance.
* The passenger is also responsible for travelling with a sufficient supply of batteries to power the unit for the duration of travel time including flight, all ground time and any unexpected delays. Electrical power outlets are not available on PAL flights.
* All spare batteries must be carried in carry-on baggage only and must be packaged in a manner that protects from physical damage and short circuits.

**Medical Oxygen Cylinder**

**Acceptance Criteria**

The following guidelines must be met in order to carry medical oxygen on board any PAL Airlines flight:

* The length of the bottle may not exceed twenty inches (20”) (including the regulator) and the diameter may not exceed five inches (5”).
* Each individual oxygen cylinder must not exceed 5 kilograms/11 pounds.
* The device is tagged by a bona fide supplier.
* The bottle must not indicate any sign of damage (ex: a dent in the bottle).
* The bottle must indicate the expiry date and not be expired.
* A maximum of 2 “D” cylinder bottles are permitted per flight/aircraft.

**NOTE: The transfer of regulators, once onboard the aircraft is not permitted. Any oxygen cylinder used during flights MUST have the regulator attached.**

*For internal purposes only, a “Dangerous Goods Notification to Pilot in Command Form” is required.*

**Requirements for use in cabin**

* You are required to know how to operate your device to ensure that it is in good working order.
* The passenger should have the cognitive and sensory capacity to detect any alarm indications associated with the operation of their oxygen cylinder and be capable of responding to problems with the operation of the unit without assistance.

Passenger Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD/MM/YY

**Section 2 – To be Completed by a Licenced Physician or Licenced Healthcare Professional**

*Please print legibly. All fields are mandatory, unless noted otherwise. 󠆷*

**Licenced Physician’s or Licenced Healthcare Professional’s Statement**

By signing this document, I hereby certify that the patient named above requires the use of supplementary oxygen while travelling and these requirements can be met through the use of an approved oxygen device. It is my professional judgement that the patient is physically able to complete an airlines flight safely without requiring extraordinary medical assistance during the flight. Any changes to a patient’s health that would amend the criteria listed above will require an updated **Licenced Physician’s or Licenced Healthcare Professional’s** Statement to be completed.

Name of **Licenced Physician or Licenced Healthcare Professional** (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Province of Registration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD/MM/YY

Signature of **Licenced Physician or Licenced Healthcare Professional**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the patient named above have the physical and cognitive ability to see, hear, and understand aural and visual cautions and warnings associated with their medical oxygen unit, and respond accordingly without assistance?

Yes No󠆷

*If the answer is no, the patient will be required to travel with a companion that is able to perform these functions.*

Is oxygen use medically necessary for all or a portion of the duration of the trip?

All Portion

If necessary for a portion of the flight only, please specify:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Under normal operating conditions, the pressure of the aircraft cabin equals 8,000 feet above sea level. Given this cabin pressure, what is the maximum flow rate required by the user?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If the passenger named above is travelling with a Portable Oxygen Concentrator (POC) please indicate the type of POC proposed for use onboard: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 3 – To be Completed by the Customer Service Agent**

*Please print legibly. All fields are mandatory, unless noted otherwise.*

**Customer Service Agent Consent**

I hereby authorize that the Request to Operate Medical Oxygen In Flight Form has been thoroughly reviewed and meets the expectations for the passenger to carry Medical Oxygen and or a Portable Oxygen Concentrator onboard the aircraft.

Customer Service Agent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DD/MM/YY