

## PHYSICIAN'S STATEMENT

For Portable Oxygen Concentrator(POC) use during Jeju Air Flight.  
For passengers – Notice regarding the use of POC

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The completed form must be sent to our Jeju Air Customer Center at least 48 hours prior to the scheduled departure time. And It must be issued within 7 days of departure date. This document must remain in your possession during your travels, and it must be presented to Jeju Air representatives upon request. And any changes in oxygen requirement or health condition will require an updated statement

### Portable Oxygen Concentrator(POC)

All POCs that satisfy the acceptance criteria of the Federal Aviation Regulation (14 CFR Part121) may be used during flight. The list of approved POCs can be found at Jeju Air's homepage ([www.jejuair.net](http://www.jejuair.net)). You are responsible for ensuring that your unit is in good working condition and free from damage. Also, you are responsible for carrying a sufficient supply of batteries. And your POC and batteries are not permitted as checked baggage; they are permitted only as carry-on items (POC and batteries are exempt from the normal carry-on limitation of one piece baggage plus a personal item).

### Battery

You are required by the Federal Aviation Administration(FAA) to prepare batteries that will last more than 150% of the expected maximum flight duration. And batteries must be packed in a manner that will protect them from damage or short circuits.

This document must be completed by the passenger's physician.

※ The altitude of a pressurized aircraft cabin equals 8,000 feet above sea level, so the oxygen distribution level in a cabin is 25~30% lower in comparison to the oxygen at ground level. Please use this information as reference when completing the form.

Passenger name :

DOB :

## Health status

1. Diagnosis: \_\_\_\_\_ Onset date: \_\_\_\_\_
2. I certify that the passenger named above is under my care,  
And fit for air travel. ☐ Yes ☐ No
3. Has the passenger's condition deteriorated in the recent  
1 month?  
If yes, in detail \_\_\_\_\_ ☐ Yes ☐ No
4. Will the passenger need any medical equipment other than  
the POC during flight?  
If yes, in detail \_\_\_\_\_ ☐ Yes ☐ No

## POC use

1. Is this passenger currently using the device on ground?  
If yes,  
☐ Continuous ☐ Intermittent, \_\_\_\_\_ (LPM/Pulse) ☐ Yes \_\_\_\_\_ years ☐ No
2. Has the passenger ever used the device during a flight before? ☐ Yes \_\_\_\_\_ years ☐ No
3. Does the passenger have the physical and cognitive ability to  
see, hear, understand, and take appropriate action in response  
to the device's audio and visual cautions and warnings?  
If not, the passenger must travel with someone who is capable  
of performing those functions. ☐ Yes ☐ No
4. Plans for using POC during air travel  
- **POC Model:** \_\_\_\_\_  
- **POC Setting:** ☐ Pulse Flow mode, \_\_\_\_\_ setting ☐ Continuous Flow Mode, \_\_\_\_\_ LPM  
- **POC 사용:**  
    **In flight** ☐ Continuous ☐ Intermittent  
    **On ground** ☐ Continuous ☐ Intermittent

Physician's Name (typed or printed) : \_\_\_\_\_

Place of Business: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

Physician's Signature: \_\_\_\_\_