Air Travel with the Precision Medical Inc. Portable Oxygen Concentrator

Special Federal Aviation Regulation (SFAR) 106 of the Federal Aviation Administration which became effective Aug 11, 2005 permits passengers to use certain portable oxygen Concentrators (CONCENTRATOR) devices on commercial aircraft.

The Precision Medical CONCENTRATOR has been approved by the FAA in SFAR 106 for use on board aircraft with specific air carries and patient requirements.

This Physician's medical statement is required under SFAR 106, section 3(b)(i-iii) for patients requiring supplemental oxygen while on board an aircraft. 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 air carrier representative. This statement must be completed and signed by a licensed physician.

Physicians Statement

| Patient Name | D.O.B |
|--|---|
| I verify the following conditions and requiren | nents for the patient in my care: |
| | TOR is and may be increased to a maximum flow possible changes in cabin pressure during the flight. |
| The CONCENTRATOR is medically necessary of intermittently, during flight, but not during to | · · · · · · · · · · · · · · · · · · · |
| Continuously, but only during the por are authorized. | tions of the flight when other common electronic devices |
| \square Continuously, during all portions of th | ne flight, including taxi takeoff, and landing. |
| ☐ The patient and/or the traveling compall cautions, warnings, and alarm cond | panion can properly see, hear, understand, and respond to ditions of the CONCENTRATOR. |
| The patient may travel on a commerc health or requiring extraordinary med | ial aircraft without likelihood of medical risk to their dical assistance. |
| The patient understands that he/she estimated flight time, plus any unexpenses | is responsible for having enough battery power for the ected delays. |
| The patient understands the air carrie power, or related equipment. | er is not responsible for providing batteries, on board |
| Physician's Name | |
| Physician's Signature | |