KOREAN AIR

PHYSICIAN'S STATEMENT for Portable Oxygen Concentrator (POC) use during **Korean Air** Flight.

For passengers - Notice regarding the use of POC

PHYSICIAN'S STATEMENT	- The completed form must be sent to our reservation center **at least 48 hours prior to the scheduled departure time**. - This document must remain in your possession during your travels, and it must be presented to Korean Air representatives upon request. - Any changes in oxygen requirement or health condition will require an updated statement.
Portable Oxygen Concentrator (POC)	- **Only the POCs listed on the Special Federal Aviation Regulation (SFAR) No. 106, 14 CFR Part121 may be used during flight.** - The list of approved POCs can be found at Korean Air's homepage (www.koreanair.com). - You are responsible for ensuring your unit is in good working condition and free from damage. Also, you are responsible for carrying a sufficient supply of batteries. - Your POC and batteries are not permitted as checked baggages; 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. - 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: _____Gender : M / F

Health status

1. Diagnosis : _____Onset date : _____
2. **I certify that the passenger named above is under my care and healthy enough to travel on board a commercial aircraft.** ☐Yes ☐ No
3. Please let us know about the passenger's general health conditions or any special conditions.

   _____

POC Use

1. Has the passenger ever used the device on the ground before? ☐ Yes, for ____ years ☐No
   If yes, ☐ Continuous ☐ Intermittent, Frequent ____ (LPM/Pulse), On exertion ____ (LPM/Pulse)
2. Has the passenger ever used the device during a flight before? ☐ Yes, for____ times ☐ No
   If yes, was there any difficulty? (Please explain in detail) _____
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? ☐Yes ☐ No
   If not, the passenger must travel with someone who is capable of performing those functions.
4. Plans for using POC during air travel
   - POC Model : _____
   - **POC Setting** ☐ Pulse Flow Mode, ____setting ☐ Continuous Flow Mode, ____ LPM
   - Will use during (select all that apply): ☐Taxing☐ Take off ☐Landing ☐ During flight ☐ Transit area

Physician's Name (typed or printed): _____
Place of Business: _____
Telephone: _____ E-mail: _____
Date: _____ Physician's Signature: _____