Pursuant to Federal Aviation Regulations, a customer who would like to use a Portable Oxygen Concentrator (POC) unit on board an airline must obtain a written statement from his or her physician answering the questions listed below. This letter must be dated within thirty (30) days of departure point. The FAA currently allows the use of AirSep Lifestyle or Inogen One portable oxygen concentrators.

CUSTOMER INFORMATION
This document is to remain in your personal possession. Three copies need to be provided to airline representatives for review.

1. You are responsible for ensuring that your unit is in good condition and free from damage or excessive wear and tear.
2. You are responsible for traveling with a sufficient supply 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 baggage (not permitted in checked baggage) and must be packaged in a manner that protects them from physical damage and short circuits. You may want to check with your medical supply service for additional information. Your portable oxygen concentrator, as well as the baggage containing your batteries, is exempt from the carry-on limitations of one piece plus a personal item.
3. You may be charged for expenses incurred by Hawaiian Airlines for such things as utilization of on-board emergency oxygen supplies or the diversion of a flight for medical attention in conjunction with items deemed the customer’s responsibility by 14 CFR Part 121 SFAR No. 106(3)(b)(3).

TO BE COMPLETED BY PHYSICIAN:
Patient's Name: ___________________________________________________
Date:_____________________

1. Does the user of the device have the physical and cognitive ability to see, hear, and understand the device’s aural and visual cautions and warnings? Yes _____ No_____
   If not, the customer must travel with someone who is capable of performing those functions.
2. Is the user able, without assistance, to take the appropriate action in response to the device’s aural and visual cautions and warnings? Yes _____ No_____
   If not, the customer must travel with someone who is capable of performing those functions.
3. Is oxygen use medically necessary at all times including time in the airport, during taxi, takeoff, and landing, as well as during the flight? Yes _____ No_____
   If not, please specify:
   The portion of the trip not requiring oxygen:______________________________
   The maximum period of time the customer can be without oxygen_______________
4. Hawaiian Airlines pressurized aircraft cabin altitude equals approximately 8,000 feet above sea level. The patient may adjust the oxygen flow setting to a maximum of ________, as needed during flight, recognizing the possible changes in cabin pressure.
   1 2 3 4 (maximum flow rate of 4 LPM permitted)

Physician’s name:___________________________________
Telephone:________________________________________
Signature _________________________________________Date:____________________________

Physician: Please give completed statement to customer.
Customer: Please keep original completed statement in your personal possession when traveling, and be prepared to provide it to the check-in agent.
Check-in Agent: Ensure statement is complete.
Distribution - Original - Customer, 2nd Copy - Station File, 3rd Copy - FFA