



Physician's Statement: Portable Oxygen Concentrators (POC)

Only GACA/FAA/FDA approved POCs can be used on board. It is the passenger's responsibility to provide a sufficient number of fully charged batteries in order to power the unit for 150% of the flight's duration and related supplies. All batteries must be transported in carry-on (not checked) baggage and must be packed in a manner that protects them from damage or short circuits. This document is valid for 10 days and to be remain in guest personal possession and must be presented to SAUDIA upon request

General Information (Must be completed by the Passenger)

Name of passenger: (Last, First) _____

Booking Confirmation Number: _____ Date of Departure: _____

Departing Flight No: _____ From: _____ To: _____

Passenger contact phone number : _____

Physician Statement (Must be completed by the Physician)

This document serves as verification that the above named passenger requires the use of an approved Portable Oxygen Concentrator (POC) to provide supplementary oxygen for medical reasons whilst travelling.

I verify the following: (tick appropriate box).

- The passenger has the physical and cognitive ability to operate the device; see and hear and understand the device's aural and visual cautions and warnings and is able, without assistance, to take the appropriate action in response to those cautions and warnings alarms and respond appropriately.
- The passenger does NOT have the physical and cognitive ability to operate the device; but is accompanied by a passenger who can perform these functions.

The requirements for the use of the POC on board are as follows:

- Continuous - During all phases of the flight, including taxi, take-off and landing.
- Intermittent - During the flight, but not whilst taxiing, take-off and landing.

The oxygen flow rate for the POC is set at _____ liters per minute, considering the air pressure in the cabin under normal operating conditions.

I, Dr. _____ hereby certify that the above named passenger is under my care and in my opinion is capable of completing the flight safely, without requiring extraordinary medical assistance during the flight.

(Please be advised that the aircraft cabin is pressurized to between 6,000 - 8,000 feet above sea level and a passenger with pulmonary or cardiac pathology may rapidly desaturate.)

Any changes to a patient's health that would amend the criteria listed above will require an updated Physician's Statement to be completed.

Signature: _____ Address: _____

Contact Number: _____ Date: _____