FITNESS FOR AIR TRAVEL

Travelling with Medical Oxygen

Please complete all fields below and email to accessibility@airborealis.ca

The personal and medical details you provide on this form will be used by Air Borealis to handle your request for medical approval and to arrange the necessary assistance for your travel arrangements on Air Borealis operated flight(s). Your medical details will not be disclosed to other airlines.

Please return the completed copy of this form to Air Borealis no less than 96 hours prior to your flight. If submitted within 96 hours, we will make every reasonable effort to accommodate the request.

Passengers must present this completed form to the airline representative upon check-in.

In compliance with Accessible Transportation for Persons with Disabilities Regulations, Air Borealis can retain an electronic copy of your personal health information for at least three (3) years for the purpose of permitting Air Borealis to use that information if you make another request for a service.

Do you agree? ☐ YES ☐ NO

If yes, please note Air Borealis may require updated documents depending on your medical condition. You should read Air Borealis's privacy policy for further information.

PASSENGER INFORMATION

FIRST NAME	LAST NAME
DATE OF BIRTH	
TELEPHONE NUMBER	ALT TELEPHONE
EMAIL	

I hereby consent to my personal and/or medical data being processed, used for the purposes set out above.

I hereby authorize a Licenced Physician or Licenced Healthcare Professional (such as a Respiratory Therapist) to provide and discuss information requested in this document to Air Borealis. Air Borealis reserves the right to contact your Licenced Physician or Licenced Healthcare Professional to confirm or clarify details contained within.

PASSENGER/LEGAL GUARDIAN SIGNATURE	DATE

TO BE FILLED OUT BY YOUR HEATHCARE PROVIDER

PASSENGER'S MEDICAL INFORMATION

Requires supplemental oxygen for travel:	☐ YES	☐ NO
Respiratory condition (acute or chronic):	☐ YES	☐ NO
Cardiac condition (including syncope):	☐ YES	☐ NO
Prognosis for a safe trip:	☐ GOOD ☐ GUARDED	☐ POOR

OXYGEN INFORMATION

Which type of supplemental oxygen will be required inflight?	
Portable Oxygen Concentrator (POC) ☐	Type 'D' Medical Oxygen Cylinder ☐
Brand: Pulse Setting: (1-6) Continuous flow: l.p.m	Flow Rate: l.p.m

Does the patient named above have the physical a nd cognitive ability to see, hear, and understand aural and visual cautions and warnings associated with their medical oxygen unit, and respond accordingly without assistance?

☐ YES ☐ NO

Is oxygen use medically necessary for all or a portion of the duration of the trip?

☐ FULL ☐ PARTIAL If partial, please specify

Under normal operating conditions, the pressure of the cabin equals 8,000 ft above sea level. Given this cabin pressure, what is the maximum flow rate required by the user?

Is the passenger familiar with their P.O.C. and capable of managing the device on their own, including responding to alerts and changing of batteries?

☐ YES ☐ NO

Does the passenger have sufficient batteries for their trip? (Aircraft do not have electrical outlets able to support power to a P.O.C.)

☐ YES ☐ NO

LICENCED PHYSICIAN'S OR LICENCED HEALTH PROFESSIONAL'S STATEMENT

By signing this document, I hereby certify that the patient named above requires the use of supplementary oxygen while travelling and these requirements can be met through the use of an approved oxygen device. It is my professional judgement that the patient is physically able to complete an airlines flight safely without requiring extraordinary medical assistance during the flight. Any changes to a patient's health that would amend the criteria listed above will require an updated **Licenced Physician's or Licenced Healthcare Professional's** Statement to be completed.

HEALTHCARE PROVIDER INFORMATION

NAME	DESIGNATION
LICENCE NUMBER	PROVINCE OF REGISTRATION
TELEPHONE NUMBER	FAX NUMBER
EMAIL	
PROVIDER SIGNATURE	DATE

ACCEPTANCE CRITERIA

Portable Oxygen Concentrator (POC)

To be approved for use on board a Air Borealis aircraft, your POC must meet the following criteria:

- It displays the manufacturer's label that indicates the device conforms all applicable Federal Aviation Administration acceptance criteria for POC carriage and use on board aircraft.
- The device appears on the list of approved POC models accepted by Air Borealis for use in-flight.
- Size restrictions of the unit must not exceed: 12 x 16 x 10 inches *or* 30 x 40 x 25 cm (under seat maximum).
- The passenger is required to know how to operate the POC unit to ensure that the device is in good working order and free from oil, grease, and no visible signs of damage or abuse.
- The passenger should have the cognitive and sensory capacity to detect any alarm indications associated with the operation of their portable oxygen concentrator and be capable of responding to problems with the operation of the unit without assistance.
- The passenger is also responsible for travelling with a sufficient supply of batteries to power the unit for the duration of travel time including flight, all ground time and any unexpected delays. Electrical power outlets are not available on Air Borealis flights.
- All spare batteries must be carried in carry-on baggage only and must be packaged in a manner that protects from physical damage and short circuits.

Medical Oxygen Cylinder

The following guidelines must be met in order to carry medical oxygen on board any Air Borealis flight:

- The length of the bottle may not exceed twenty inches (20") (including the regulator) and the diameter may not exceed five inches (5").
- Each individual oxygen cylinder must not exceed 5 kilograms/11 pounds.
- The device is tagged by a bona fide supplier.
- The bottle must not indicate any sign of damage (ex: a dent in the bottle).
- The bottle must indicate the expiry date and not be expired.
- A maximum of 2 "D" cylinder bottles are permitted per flight/aircraft.

NOTE: The transfer of regulators, once onboard the aircraft is not permitted. Any oxygen cylinder used during flights MUST have the regulator attached.

- You are required to know how to operate your device to ensure that it is in good working order.
- The passenger should have the cognitive and sensory capacity to detect any alarm indications associated with the operation of their oxygen cylinder and be capable of responding to problems with the operation of the unit without assistance.

I am aware of the acceptance criteria and requirements for use of oxygen in the aircraft cabin and confirm all information contained on this form is accurate to the best of my knowledge.

PASSENGER SIGNATURE	DATE