



PHISICIAN'S CERTIFICATE

Dear passenger:

Passengers requiring supplemental oxygen on flight must have their physician complete and fax this request to the **Customer Service Department** at **(5255) 9132-4623** 5 (five) days prior to the scheduled departure time of the flight of origin. **Fax reception must be confirmed at (5255) 5133-4000 or 01800 -021-4000 option 8.**

Notes to be considered:

- o Aeromexico's medical oxygen bottles have only 2 or 4 liters per minute flow rate via nasal cannula or oxygen mask.
- o Aeromexico does not provide oxygen at the originating airport prior to boarding the relevant flight, during ground transfers, or at destination.
- o Passengers using oxygen must travel with an adult that is capable of performing the device function and assist him/her with the personal oxygen system.
- o Oxygen supply is for an uninterrupted use of no more than 3 ½ hours only.
- o Oxygen supply is for in-flight use, on non-stop flights only.
- o A nonrefundable fee of \$25 Dollars plus taxes, per oxygen bottle will be charged.

GENERAL INFORMATION

Name of the passenger that requires supplemental oxygen:

Confirmation number / reservation:

Flight number/date of travel Route (Departure):

Flight number/date of travel Route (Return):

Passenger's phone numbers including area code /country code:

(____) _____ (____) _____

Cell Phone:



Name of the passenger's travel companion: (over 18 years old):

Travel companion's phone numbers including area code / country code:

() _____ () _____

Confirmation number / reservation:

PHYSICIAN'S STATEMENT

This section below is to be completed by the physician, answering the questions listed below.

Name of the passenger:

Age of the passenger:

Initial date of current disease/illness:

_____/_____/_____

Diagnosis:

Medical Care:



Surgical procedure (s):

Current Medical Condition (he/she walks by him (her) self, consciousness, physically able to walk, Cannulas, etc.):

Current Medication:

(Please specify one of the following options)

1. Flow In LPM			2. Via				3. Type of flow			
2		4	Oxygen Mask		Nasal Canula		Intermittent		Permanent	

I, _____ (MD, DO) licensed _____ to practice medicine in the state of _____ certify that _____ is a patient under my care. It is my professional judgment that he/she is physically able to complete an airline flight safely without requiring extraordinary medical assistance, even if the flight is of greater length than scheduled, terminates at a point other than the expected destination, or involves other irregular operations. I further certify that the above-mentioned patient does not have a disease or infection that can be transmitted to other persons during the normal course of the flight.

Name: _____ (MD/DO)

Date: _____

Area of expertise:



Address:

Phone Numbers (Hospital, Doctor's Office, Cell Phone, etc.):

Signature: _____