

## PORTABLE OXYGEN CONCENTRATOR

If you require medical oxygen, you may bring your own portable oxygen concentrator on all Aeromexico operated flights. We recommend you the confirmation of your travel plans as soon as possible to be able to make the necessary arrangements.

If you have a travel reservation, please contact our Customer Care Department at (0155) 51.33.40.00 Option 8 or at 01.800.021.40.00 Option 8 (within Mexico) in order to provide the following information:

- **Flight data:** date of travel and name of the passenger that requires the portable oxygen concentrator.
- **Medical Certificate:** This document must be completed and signed by your physician no later than 20 days before the scheduled flight and faxed to the Customer Care Department at (55) 91.32.46.23 no later than 5 working days before your flight for the appropriate authorization and medical screening of Aeromexico's Medical Service Department. **Confirmation of the receiving fax is mandatory to guarantee the service**
- Passenger must confirm the service 5 working days before domestic and international flights. This is necessary to verify that both service and medical regulations are properly accomplished.
- The day of the flight, passenger must be at airport counters no later than 2 (two) hours before departure time for domestic flights and 3 (three) for international ones. If you need more time, please ask for further information with our representatives since security measures in each airport can differ.

### PHYSICIAN'S CERTIFICATE PORTABLE OXYGEN CONCENTRATOR

Dear Passenger:

At least 5 working days prior to travel, have your physician complete the Physician's Statement and fax it to the Customer Care Department at (0155) 9132-4623 for Aeromexico Medical Service medical screening.

The receiving of the fax must be confirmed at (0155) 5133-4000 or 01800 – 021 – 4000 option 8.

Notes to be considered:

The following portable oxygen concentrators on our flights are permitted. :

Inogen One,  
AirSep,  
Lifestyle, (this device must have a RTCA/DO-160D sticker)  
AirSep Freestyle,  
SeQual Eclipse,  
Respironics EverGo,

Any device with a sticker affixed to the inside cover stating RTCA/DO-160D category M compliant to indicate that it has been modified for air travel.

- Aeromexico does not provide oxygen at the originating airport prior to aircraft boarding, during ground transfers, or at the destination.
- An adult who is capable of operating the portable oxygen concentrator must accompany the passenger in order to assist him/her with the device.
- The device cannot be connected on board. Please bring the necessary charged batteries properly stored with your device.

### GENERAL INFORMATION

**Name of the passenger that requires the portable oxygen concentrator:**

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**Confirmation number / reservation:**

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Flight number/ Date of travel (Departure)

Flight number/Date of travel (Return)

\_\_\_\_\_

\_\_\_\_\_

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

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Cell phone, others: \_\_\_\_\_

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

\_\_\_\_\_

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

( ) \_\_\_\_\_

( ) \_\_\_\_\_

Cell phone, others: \_\_\_\_\_

Companion's Reservation number:

\_\_\_\_\_

**MEDICAL INFORMATION**

This section below is to be completed by the physician of the passenger.

Age of the passenger: \_\_\_\_\_

Date of the beginning of the illness/disease: \_\_\_\_/\_\_\_\_/\_\_\_\_

Diagnosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Treatment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Surgical Procedure (s):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current Medication:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Oxygen Supply:

1. Flow in LPM	2. Via (mask, cannula, etc.)	3. Intermittent or 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 (two telephone numbers are mandatory):

Hospital: \_\_\_\_\_

Cell phone: \_\_\_\_\_ Pager: \_\_\_\_\_

Signature: \_\_\_\_\_

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