

# RESPIRATORY DEVICE MEDICAL AUTHORIZATION

## GENERAL INFORMATION

- Pursuant to Federal Aviation Regulations, a guest who would like to use a Respiratory Device unit onboard a Virgin America aircraft must have his/her physician complete this form or write a statement answering the questions listed below.
- Respiratory Devices permitted for use on Virgin America must be approved by the Federal Aviation Administration (FAA)
- Refer to the Virgin America website ([www.virginamerica.com](http://www.virginamerica.com)) or telephone Virgin America Reservations (1-877-359-8474) for a list of approved Respiratory Devices.

## INSTRUCTIONS

### PHYSICIAN

- Please complete this form or provide the guest with a written statement containing the information on this form.

### GUEST

- Please have the original form or statement in your possession when traveling and be prepared to present it to airline representatives.

### GUEST SERVICE

- Review the completed form or written statement and return it to the guest.
- Inform the Pilot that there is a Respiratory Device onboard and its location, and also inform the Pilot of the physician's answers to the questions below

## GUEST INFORMATION

- You must have the physical and cognitive ability to see, hear, and understand the device's aural and visual cautions and warnings, and to take the appropriate action in response to the device's aural and visual cautions and warnings, or to be traveling with someone who is capable of performing those functions.
- You are responsible for ensuring your unit is in good condition and free from damage.
- You are responsible for traveling with a sufficient supply of batteries to last the entire journey, per your oxygen requirements, including all ground time (between connections), the duration of the flight and for unexpected delays. All batteries for use during flight must be transported in carry-on baggage and must be packaged in a manner that protects them from physical damage and short circuits. Your Respiratory Device, as well as the baggage containing your batteries, is exempt from the carry-on limitations of one piece plus a personal item.

## PHYSICIAN'S STATEMENT (To be completed by Physician)

Patient's Name		Date			
1. Does the patient have the physical and cognitive ability to see, hear, and understand the device's aural and visual cautions and warnings?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Is the patient able, without assistance, to take the appropriate action in response to the device's aural and visual cautions and warnings?		<input type="checkbox"/> YES <input type="checkbox"/> NO			
3. Is the respiratory device necessary at all times, including time at the airport, during taxi, takeoff, and landing, as well as during the flight? If not, please specify: <ul style="list-style-type: none"> <li>• The portion of the trip not requiring oxygen: _____</li> <li>• Which phases of flight is the respiratory device needed: _____</li> <li>• The maximum period of time the patient can be without oxygen: _____</li> <li>• Type of unit carried (make and model): _____</li> </ul>		<input type="checkbox"/> YES <input type="checkbox"/> NO			
4. Virgin America's pressurized aircraft cabin altitude equals 8,000 feet above sea level. The patient may adjust the oxygen flow setting to a maximum of ___ as needed during the flight, recognizing the possibility of changes in cabin pressure.		<b>1 2 3 4 5 6</b>			
Physician's Name	Physician's Signature	Physician's License #	Physician's Telephone		