FRONTIER AIRLINES	Portable Oxygen Concentrator Medical Authorization	Form Number: 30881 Effective Date: 11/07/12

General Information

- Pursuant to Federal Aviation Regulations, a passenger who would like to use a Portable Oxygen Concentrator unit on board Frontier aircraft must have his/her physician complete this form or write a statement answering the questions listed below.
- Portable Oxygen Concentrators permitted for use on Frontier Airline must be approved by the Federal Aviation Administration (FAA).
- For a list of approved portable oxygen concentrators, refer to Frontier's web site (www.FlyFrontier.com) or telephone Frontier Reservations (1-800-432-1359)
- This form is valid for one year from the date of the physician's signature.

Instructions

Physician: Please complete this form or provide the passenger with a written statement containing the information in this form.

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

ustomer Service Agent: Review the completed form or written statement and return it to the passenger.

"A" Flight Attendant: Inform the Pilot-In-Command there is a Portable Oxygen Concentrator onboard and its location.

Passenger Information

1. You are responsible for ensuring your unit is in good working condition and free from damage.
2. 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 must be transported in carry-on baggage (not permitted in checked baggage) and must be packaged in a manner that protects them from physical damage and short circuits. Your Portable Oxygen Concentrator, as well as the baggage containing your batteries, is exempt from the carry-on limitations of one piece plus a personal item.
3. You may be charged for expenses incurred by the Airline if onboard emergency oxygen supplies are utilized or the diversion of a flight for medical attention is deemed the passenger's responsibility by 14 CFR Part 121 SFAR No. 106(3)(b)(3).

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?	☐ YES ☐ 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?	☐ YES ☐ NO
3. Is oxygen use medically necessary at all times including time in the airport, during taxi, takeoff, and landing, as well as during the flight? If not, please specify:	☐ YES ☐ NO
• The portion of the trip not requiring oxygen:	
• The maximum period of time the patient can be without oxygen:	
• Type of unit carried:	
4. The Airline'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 flight, recognizing the possibility of changes in cabin pressure.	

Physician's Name	**Physician's Telephone**
Physician's Signature	**Date**