vistara	**PHYSICIAN'S STATEMENT FOR MEDICAL EQUIPMENTS**	**CONFIDENTIAL**	**Form No. TSAL/CSQ/MED/011**	
			Ed. 01	**Rev. 00**	**Date: 22 SEP 2017**

This document serves as verification that Mr/Ms/Mrs _____, Age _____, Sex _____ , Travel date_____ Flight No_____ Sector _____ requires the use of following medical equipment (Kindly tick appropriate option below) as she/he suffers from;

_____

- ☐ **- Continuous Positive Airway Pressure Machine (C/PAP)**
- ☐ **- Bi –Level Positive Airway Pressure Machine (Bi/PAP)**
- ☐ **- Portable Oxygen Concentrators (POC) (Only FAA approved model will be accepted) -** The oxygen flow rate for the POC is set at_____ litres per minute, considering the air pressure in the cabin under normal operating conditions.
- ☐ **- Any Other Medical Equipment - _____**

Serial No. and Model name of the equipment: _____

I verify the following:

- That the passenger has the physical and cognitive ability to see, hear and understand the device, and is able without assistance, to operate this device.
- That the passenger is not able to operate the device but is accompanied by a passenger who is familiar with, and is able to operate this device.
- The passenger does not require on board oxygen for travel through oxygen cylinders.
- The passenger **requires*** oxygen for travel at 2 litres per minute / 4 litres per minute from oxygen cylinder.

***Note: If on board oxygen is required through oxygen cylinders for the passengers, then a MEDIF form will need to be completed in addition to this form, indicating stability of respiratory condition as well as indication of current pulse oximeter oxygen saturation reading on room air. Minimum 48 hours' notice will need to be given for airline to arrange for aircraft certified oxygen cylinders.**

Note: All equipment used on-board aircraft should be battery (non-spillable) operated. There is no provision for power supply on-board aircraft. Hence carry spare set of batteries to cover duration of flight and unexpected delays/diversions. Equipment based on technical specifications may require clearances from Engineering/Security/DGR departments.

Note: This verification statement is valid only for equipment whose serial no and model name is mentioned above. Along with this signed verification statement, submit all technical documents/manuals related to the concerned equipment for obtaining Engg./Security/DGR clearances, as it may be applicable.

The requirement for the use of the C/PAP or Bi/PAP or POC or _____name of other equipment if applicable_____on board is as follow: (Kindly tick in the box for appropriate option below and mark requirement that specifically applies for use on board)

- ☐ - Continuous – During all phases of the flight, including take-off and landing
- ☐ - Intermittent – During the flight, but not while taxing, take-off and landing.

I, Dr _____; Mobile No.:_____;

Phone No.: _____; Email: _____;

Hereby certify that the above named passenger is under my care and in my opinion may travel on board a commercial aircraft without the likelihood of risk to their health or physical condition. My patient understands that it is their sole responsibility to provide batteries, masks and all other device related equipment, and that the airline shall take no responsibility for the physical condition of the machine. In addition, I have advised the passenger to carry ample charged batteries to power the device for the duration needed on the flight, as well as to cater for 3-4 additional hours to cover any unexpected delays/diversions.

The passenger's physical condition is stable, and it is not anticipated that this passenger will require any specialized medical assistance on board. Any change to the patient's health that would amend the criteria listed above, will require and updated Physician's Medical Verification Statement to be completed. Same has been communicated to the passenger.

Doctor's Signature: _____ Doctor's Name: _____;

Registration No.:_____; Address: _____;

Date_____ Place: _____; Doctor's Stamp: _____