

MEDICAL CERTIFICATE

Dear Attending Physician:

Please mark an **X** in the medical case that the traveler presents:

Need for supplemental oxygen on board: Oxygen Concentrator POC.

The Federal Aviation Administration (FAA) prohibits the use of personal oxygen units during flight because they contain compressed gas or liquid oxygen and are considered hazardous materials. However, the FAA recently issued guidelines permitting the onboard use of certain portable oxygen concentrators.

Personal oxygen concentrator Transport, Concentrator₂ Brand:

Confirmation of Pregnant Traveler over 30 weeks for international and domestic flights.

Other Medical Condition₃ Which? _____

1. To follow up on this requirement, it is necessary for the treating physician to fill out this form or send a medical certificate with the information required herein. This document must be sent to the email serviciosespeciales@centrosolucionavianca.com at least 24 hours before the scheduled flight departure for routes in Colombia and 48 hours for international routes. This email is required to continue processing the application for the special service.

2. See the list of equipment approved by the FAA: (Oxygen link)

<http://www.avianca.com/Inicio/Navegacion/ViajaConNosotros/Preparando+el+Viaje/es/ServiciosEspeciales.htm>

3. See the Medical Guide for authorization for the transport of passengers issued by the Civil Aviation Administration on 23 July 2008. (Special medical conditions link) or directly from the page of the FAA: https://www.faa.gov/about/initiatives/cabin_safety/portable_oxygen/

GENERAL INFORMATION

Traveler's full name

Identity document number: Type of document:

Confirmation/reservation number: Flight number / date

Traveler's phone numbers including area or country code:

() _____ () _____

Phone numbers of a relative at the place of origin including the country or area code:

() _____ () _____

MEDICAL INFORMATION

This information must be filled out only by the attending physician of the Traveler in the fields that apply.

Age of the Traveler: _____

Start date of the medical condition in question: _____ day / _____ month / _____ year

Diagnosis:

1. _____

2. _____

3. _____

Medical treatments:

1. _____

2. _____

3. _____

Surgery(ies) and their date(s):

1. _____

2. _____

3. _____

Current condition of the patient: their state of consciousness, ability to walk unaided, etc.

Do they require any medication? Which?:

If the event supplemental oxygen in flight is required – For the use of an oxygen concentrator

POC: _____ LPM and brand of the equipment

I, Dr. _____ with professional medical record No. _____ and identification No. _____ hereby declare and certify that this patient is under my care and is fit to safely undertake a flight without requiring any other medical care during their trip, even if the trip takes longer than expected or were it to finish at some point other than the planned destination due to operational requirements or for reasons beyond the control of the airline or if any other unforeseen event occurs during the scheduled itinerary. I also certify that the aforementioned patient does not suffer from any infectious disease or any other illness that may be transmitted to other Travelers during the trip.

I also certify that the patient is hemodynamically stable and not in a critical condition, and as such can travel in commercial aircraft without requiring the service of an air medical ambulance.

I hereby provide my personal data to answer any questions during the analysis and approval by the company doctors or airport health department, who are those persons responsible for issuing the final authorization.

Full name of the doctor: _____

Certification issue date: _____ day/_____ month/_____ year

Specialty: _____

Address: _____

Landline and mobile telephone including area or country code:

(____) _____ (____) _____

Entity where they work: _____

Signature and seal of the doctor and/or the entity where they work:

Reviewed: June 2015