



## Medical Oxygen Cylinders Check Form

The attending physician is requested to answer all questions. Enter a check mark(✓) in the appropriate "Yes" or "No" boxes, and/or give precise and concise answers. Please send the Medical Oxygen Cylinders Check Form by fax to 0570-020-179 or by Contact Form on our website at least 5 working days prior to your departure.

If you have any question, please contact to Reservation Center 0570-6666-03. Open Every day 9:00-18:00  
Only medical oxygen cylinders are acceptable to bring on board or checked baggage.

Date of Submission:		
Name:		PNR(Booking Number):
E-mail Address:	Age:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Itinerary:		
Date:	Flight No.:	Travel segment(Departure-Arrival): (       -       )
Date:	Flight No.:	Travel segment(Departure-Arrival): (       -       )
Please tell us about your Medical Oxygen Cylinders.		
Manufacturer:	Product name:	
_____	_____	
Please tell us the size and weight of a Medical Oxygen Cylinders.		
Height:_____cm	Diameter:_____cm	Gross weight of cyliner:_____kg
* Height 70cm x Diamerter 10cm a Medical Oxygen Cylinders should be no heavier than 5kg.		
* Oxygen tank will be stoled under the seat in the aircraft.		
Check list for Medical Oxygen Cylinders		
<input type="checkbox"/> It is an approved cylinder and labeled✕.		
<input type="checkbox"/> It is gaseous oxygen for medical purposes only, labeled "O2."		
<input type="checkbox"/> Container made of fiberglass (Fiber Reinforced Plastics) must not lapsed 15years after manufacturing.		
Number of cylinders		
Carry-on:	Checked:	Total:
_____	_____	_____
【If other than traveler, please provide following information】		
Name of person prepare the document :		
_____		
Company Name :	Position :	
_____	_____	