



Portable Oxygen Concentrator (POC) 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

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 POC.		
Manufacturer: _____	Product name: _____	
Please tell us the size and weight of a POC.		
Length: _____ cm	Width: _____ cm	Height: _____ cm
Please tell us about battery type of POC.		
<input type="checkbox"/> Dry Battery → <input type="checkbox"/> NiCad <input type="checkbox"/> Ni-MH		
<input type="checkbox"/> Li-ion Battery → A watt-hour: POC _____ Wh Spare Batteries _____ Wh		
<input type="checkbox"/> Others _____		
Number of POC		
Carry-on : POC _____ Spare Batteries _____		
Carry-on : POC _____ Spare Batteries _____		
Check list for POC		
<input type="checkbox"/> It is an approved POC and labeled <S-FAR106> on POC or Specification document.		
<input type="checkbox"/> Having sufficient battery power for 1.5 time of the duration of the flight to its destination.		
<input type="checkbox"/> All abtteries for POC as carry-on baggage are protected from short circuit and are packaged in well protected cover / cushion that protects battery from physical damage.		
【If other than traveler, please provide following information】		
Name of person prepare the document : _____		
Company Name : _____	Position : _____	