Respiratory Assistive Device and Continuous Positive Airway Pressure (CPAP) Use

Dear Treating Health Physician,
We kindly ask that you please complete and sign the form below for your patient who is requesting to use their Respiratory Assistive Device or continuous positive airway pressure (CPAP) machine aboard a Hawaiian Airlines flight. Federal Aviation Administration (FAA) regulation and the United States Department of Transportation (US DOT) require that their treating health physician verify the patient's medical need to use a respiratory assistive device or CPAP machine while traveling on commercial aircraft. *This form will need to be in the guest's possession and available for inspection on the day of travel*.
Mahalo!
Hawaiian Airlines

Guest Information:

Guest Name: _____ Hawaiian Airlines Confirmation Code: _____

To be Completed and Signed by the Guest's Treating Health Physician

This letter verifies that _____ (*print guest's name*) requires the use of a respiratory assistive device or a CPAP machine while traveling; which can be met through the use of their _____ (Brand/Model) respiratory assistive device or CPAP machine.
I further verify the following:

☐ I verify the guest's ability to travel and that he/she has the physical and cognitive ability to see, hear, and understand the device's audio and visual cautions and warnings; and is able, without assistance, to take the appropriate action in response to those cautions and warnings.

☐ I verify that the guest is traveling with a Safety Assistant who can respond to the device, *IF* the guest cannot respond to the device's audio and visual cautions and warnings to take the appropriate action in response to those cautions and warnings.

☐ I verify that the guest's use of their respiratory assistive device or CPAP machine is medically necessary and will be required during the trip.

☐ I verify that the guest understands that the respiratory assistive device or CPAP machine is the guest's responsibility and the airline is not responsible for providing batteries, on board power, providing any medical related equipment, and is not responsible for the device's physical condition. The patient is capable of completing the flight safely without extraordinary medical assistance and has been advised by me to have ample charged batteries to power the respiratory assistive device or CPAP machine for the length of the flight plus fifty percent (50%), to cover any unexpected delays, gate holds, diversions or cancellations.

☐ I have advised the guest that he/she must ensure that the device is free of oil, grease, or other petroleum products, and is in good condition and free of damage or other signs of excessive wear or abuse. Verification of appropriate maintenance of the device must be provided by the guest upon request.

Any change to the guest's health that would amend the criteria listed above will require that an updated Medical Certificate for Respiratory Assistive Device and CPAP be completed.

For CPAP Machines Only - Please initial the appropriate statement(s) below:

_____ The CPAP is medically necessary during ALL phases of the flight, including taxi and take-offs and landings.
_____ The CPAP is medically necessary intermittently during the flight, but **NOT** during taxi, take-off or landing.
_____ The pressurized air flow rate setting for the CPAP is _____ cwp or cm/H_2O (centimeters of water).

Physician's name [please print]:	State License or Registration Number:
Telephone number:	Fax number:
Office address:	
City:	State/Country:
Physician's signature:	Date: