



### 'FIT TO FLY' form

Dear Physician,

Your patient desires to use a **Portable Oxygen Concentrator** or a **Respiratory Personal Device** (such as respirator, nebulizer, ventilator, CPAP or BiPap machines) or extra **therapeutic oxygen provided by Wizz Air** for upcoming travel. In accordance with aviation regulations, Wizz Air airlines requires a physician's verification of the customer's medical need to use these devices while travelling on a commercial aircraft. Accordingly, please answer the questions below. After you have completed and signed this form, please return to your patient as this form must be in his or her possession and available for inspection on the day of the travel.

We appreciate your time and assistance with this process.

To be completed by the physician **in case of POC or RPD** use on board:

This letter is my verification that \_\_\_\_\_ (printed passenger name) requires the use POC or RPD (please underline the device) while travelling and this requirement can be met by using an approved \_\_\_\_\_ device (please specify type in case of POC). I further verify the following:

- The passenger's use is medically necessary but the patient is fit to fly;
- 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 device for the length of the flight

To be completed by the physician **in case therapeutic oxygen needs to be provided by Wizz Air:**

This letter is my verification that \_\_\_\_\_ (printed passenger name) requires therapeutic oxygen use during the flight and further I verify the following:

- The passenger's use is medically necessary but the patient is fit to fly;
- The passenger does not require a continuous supply of oxygen more than **250 minutes** at a flow rate of **2L/min**;
- For safety reason the oxygen cannot be provided during take-off and landing and it is accepted by the passenger;
- The oxygen that Wizz Air provides is suitable for the passenger

#### Physician contact information

|                          |                     |
|--------------------------|---------------------|
| Physician's name (print) | Registration number |
| Physician's signature    | Date                |

**This document must be issued within 6 days of the flight date.**