

Dear guest,

If you wish to use a respiratory assistive device on an Air Serbia flight please read carefully the advices and instructions reported below and sign this information sheet.

1. The use of a respiratory assistive device requires a medical and technical clearance.
 - Please fill out the MEDIF form
 - Please specify brand and type of the respiratory assistive device below:
Brand: Type:
 - Send the MEDIF and RADAR form together with this information sheet signed to Air Serbia (fax: +381 11 20 10 671 or email: special.assistance@airserbia.com).
2. The respiratory assistive device must be approved by FAA and Air Serbia Medical Center.
3. During a flight the cabin air pressure can decrease. Before planning your flight it is mandatory to check with your treating physician which adjustments of the settings are necessary.
4. Respiratory assistive devices have, depending on the type of device and the settings, a power consumption that surpasses the allowed limit for the electrical plugs in the aircraft. It is therefore not allowed to plug in the respiratory assistive device on board.
5. It is in your responsibility to carry on the flight a sufficient number of extra batteries for 150% of the flight time. The special circumstances (e.g. unexpected delays) have to be taken in account additionally.
6. To prevent a possible electrical short circuit each extra battery has to be packed separately in a container.
7. In case of cabin depressurization, you will be informed to discontinue the use of the respiratory assistive device and to use the oxygen masks that deploy to provide supplemental passenger oxygen.
8. To facilitate the security check at the airport we strongly recommend bringing along a medical certificate that confirms the necessity to use the respiratory assistive device on board.

I hereby confirm that I have read the above information carefully and will observe the aforesaid.

Date: Signature of respiratory assistive device user:

Please submit this Respiratory Assistive Device Approval Request (RADAR) form for all Portable Oxygen Concentrators (POC), Constant Positive Airway Pressure (CPAP) devices and all other respiratory assistive devices to ensure Federal Aviation Administration (FAA) and US Department of Transportation (DOT) approval. In order to ensure adequate service, we kindly ask you to submit this form no later than 48 hours prior to departure. Requests made under 48 hours may not be approved in time for your travel. Once submitted, Air Serbia representative will contact you for more information and to advise you of approval of your device on board our aircraft.

Guest Information

Full Name

Email

Contact Phone Number

Air Serbia Booking Number

Date of Travel

Origin - Destination

Flight number

Respiratory Assistive Device Information

What is the Brand Name and Model (if applicable) of your device?*

What type of device is this?

POC
 CPAP
 BiPAP
 Respirator
 Ventilator
 Nebulizer

Is this device battery powered? Yes No

How many batteries do you have for your device?

How many hours of life does EACH battery hold?

What is the battery type?

lithium-ion
 Nickel Metal Hydride
 Lead-acid
 Other

Is there a User Manual for your device? Yes No

What is the gross weight of the device?

Is the device needed for taxi, take off, climb and descent? Yes No

Can the device be stowed safely for taxi, take-off and landing in the overhead bin, under the seat in front of you? Yes No

Is uninterrupted use of this device required for life support? Yes No

Dear Treating Health Physician,

We kindly ask you to complete and sign the form below for your patient who is requesting to use their Portable Oxygen Concentrator on board Air Serbia 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 Portable Oxygen Concentrator while traveling on commercial flight.

THIS FORM WILL NEED TO BE IN THE GUEST'S POSSESSION AND AVAILABLE FOR INSPECTION ON THE DAY OF TRAVEL.

Guest Information:

Guest Name:

Air Serbia Booking Number:

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

This letter verifies that (print guest's name)

requires the use of supplemental medical oxygen while traveling by air; which can be met through the use of their (Brand/Model) portable oxygen concentrator (POC).

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 portable oxygen concentrator (POC) is medically necessary and will be required during the flight.

I verify that the guest understands that the portable oxygen concentrator (POC) is the guest's responsibility and the airline is not responsible for providing batteries, on board power, any medical related equipment, and is not responsible for the physical condition of the device. The guest is capable of completing the flight safely without extraordinary medical assistance and has been advised by me to have fully charged batteries to power the portable oxygen concentrator (POC) for the duration of the flight plus 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 Physician's Medical Verification Statement be completed.

For ALL POCs - Please initial the appropriate statement(s) below:

The POC is medically necessary during ALL phases of the flight, including taxi and take-offs and landings. The POC is medically necessary intermittently during the flight, but NOT during taxi, take-off or landing. The oxygen flow rate setting for the POC is liters per minute (LPM), considering the air pressure in the cabin under normal operating conditions.

Circle one to indicate if this is a Pulse flow or Continuous flow.

Physician's name [please print]:

State License or Registration Number:

Telephone number:

Fax number:

Office address:

City:

State/Country:

Physician's signature:

Date: