

USE OF PORTABLE OXYGEN CONCENTRATORS (POC) ON CROATIA AIRLINES FLIGHTS KORIŠTENJE PRIJENOSNOG UREĐAJA S KISIKOM NA LETOVIMA CROATIA AIRLINES

Dear customer,

If you wish to use a Portable Oxygen Concentrator (POC) on Croatia Airlines flights, please read the advice and instructions below and sign this information sheet.

1. The use of POC requires a medical and technical clearance from Croatia Airlines.
 - a. Your physician has to verify your medical needs to use this device on board.
 - b. Please print the Special Assistance Form (MEDIF) available on this page site (<http://www.croatiaairlines.com/Travel-info/Special-passenger-categories/Disabled-persons>) which has to be filled in by the treating doctor.
 - c. Specify brand and type of POC below:
Brand: _____
Type: _____
 - d. Send Special Assistance (MEDIF) Form and this information sheet signed to:
Ustanova za zdravstvenu skrb "Profozić"
Trnjanska cesta 59
10000 Zagreb
Phone: +385 1 6310 824
Fax: +385 1 6310 825
e-mail: medicina.rada@poliklinika-profozic.hr
2. The POC equipment must be approved by FAA.
3. It is your responsibility to carry on the flight sufficient number of extra batteries for 150% of the flight time.
4. Due to the risk of a shortcut, each spare battery has to be packed separately in a container. The crew is advised to check up on it.
5. For flight safety reasons, your device must be switched off and stowed during flight phases in which the flight crew considers it essential (e.g., take-off, landing).
6. The transportation of the device must be in accordance with our hand baggage dimensions.

I hereby confirm that I have read the above information carefully.

Poštovani korisnici,

Ako želite koristiti prijenosni uređaj kisika na letovima Croatia Airlinesa, molimo Vas pročitajte savjete i upute u nastavku i potpišite se pri dnu.

1. Korištenje prijenosnog uređaja kisika zahtjeva medicinsko i tehničko odobrenje Croatia Airlinesa.
 - a. Vaš liječnik treba potvrditi medicinsku potrebu za korištenjem kisika na zrakoplovu.
 - b. Potrebno je ispisati Special Assistance (MEDIF) obrazac dostupan na poveznici (<http://www.croatiaairlines.com/Travel-info/Special-passenger-categories/Disabled-persons>) popunjen od strane Vašeg liječnika.
 - c. Navedite marku i vrstu prijenosnog uređaja kisika u nastavku:
Marka: _____
Tip: _____
 - d. Ispunjeni obrazac pošaljite zajedno s ovim popunjenim i potpisanim formularom na adresu:
Ustanova za zdravstvenu skrb "Profozić"
Trnjanska cesta 59
10000 Zagreb
Phone: +385 1 6310 824
Fax: +385 1 6310 825
e-mail: medicina.rada@poliklinika-profozic.hr
2. Sva oprema prijenosnog uređaja kisika treba biti odobrena i od strane FAA.
3. Vaša je odgovornost ponijeti rezervne baterije koje su dostatne za 150% vremena leta.
4. Kako bi se izbjegli nepotrebni rizici, baterije trebaju biti pakirane u zasebne spremnike. Preporuka je posadi da ih provjeri.
5. Iz sigurnosnog razloga, Vaš uređaj treba biti isključen i osiguran za vrijeme trajanja faze leta koja posada smatra kritičnim (npr. polijetanje, slijetanje).
6. Prijevoz uređaja treba biti u skladu s dozvoljenim dimenzijama ručne prtljage.

Potvrđujem da sam pažljivo pročitao gore navedene upute.

Name and Surname:	Ime i prezime putnika:
Flight Number / Date of Travel:	Broj leta / Datum putovanja:
Signature of POC User: _____	Potpis korisnika uređaja: _____
Date:	Datum: