

Rev. 4 / December 2023

## SWORN STATEMENT USE OF PPOC (CPAP, EPAP, BIPAP, APAP, VPAP)

FIRST NAME: \_\_\_\_\_

LAST NAME: \_\_\_\_\_ ID/PASSPORT: \_\_\_\_\_

PASSENGER NAME RECORD (6 letters) \_\_\_\_\_

OUTBOUND FLIGHT NO. \_\_\_\_\_ DATE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

CONNECTING FLIGHT NO. \_\_\_\_\_ DATE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

RETURN FLIGHT NO. \_\_\_\_\_ DATE \_\_\_\_\_ FROM \_\_\_\_\_ TO \_\_\_\_\_

### CHRONIC PULMONARY CONDITION

Device to be used: CPAP ☐ EPAP ☐ BIPAP ☐ APAP ☐ VPAP ☐  
Other ☐ Brand: ..... Model: .....

Autonomy time without oxygen: .....

Specify the number of spare batteries and the power of each one: .....

### I STATE UNDER OATH THAT:

- ▶ The equipment is in perfect operational condition.
- ▶ I am fit to use the equipment.
- ▶ I have been informed that it won't be possible to plug the equipment on board.
- ▶ I am carrying the number of charged batteries necessary and sufficient to power the equipment according to the duration of the flight as informed by AR.
- ▶ The spare batteries are isolated and protected in order to avoid short circuits.

The undersigned, acting on his/her own behalf or on behalf of the passenger, states that he/she releases Aerolíneas Argentinas S.A., its Agent and employees from any kind of liability arising from any alteration, aggravation, serious injuries or any other consequence which may be sustained by the passenger due to his/her health condition during or as a result of the Air Carriage stated in his/her electronic ticket. Moreover, the undersigned, in his/her relevant capacity, agrees to reimburse Aerolíneas Argentinas for all expenses which may be incurred as a result of the provision of any necessary additional service apart from the specific transportation service, further releasing the Carrier from any obligation and/or payment corresponding to professional fees which may arise from said additional assistance or services.

**I state that I have read all the information published by the company on its website.**

**I am liable for any misrepresentation and its direct or indirect consequences that may arise during the air carriage.**

Place and Date

Signature

Name