



Travel Clearance - CPAP

Passenger Details

Name: _____ Age: _____

Phone No: _____

Itinerary – (Flight details mandatory) **Booking Ref No.** _____

Airline: _____ Flt No: _____ Class: _____ Date: _____ From _____ To _____
d d m m y y

Airline: _____ Flt No: _____ Class: _____ Date: _____ From _____ To _____
d d m m y y

Name of Booking Agent _____ Phone _____
(if applicable)

Requirements

(Indicate with a tick where required)

Using the QF approved equipment list below, Please indicate which CPAP Machine you will be travelling with.

CPAP (Continuous positive Air pressure) Equipment list

Resmed		Respironics Remstar		Resmed (Sullivan)		Fisher & Paykel	
Model	tick	Model	tick	Model	tick	Model	tick
AutoSet Spirit		BiPAP		I		HC150	
AutoSet T autosetting		BiPAP Harmony S/T		II		HC200 * HC201*	
S6 Elite		BiPAP Pro 2		II ST		HC254	
S6 Lightweight		BiPAP Pro Synchrony System		II ST LCD Enhanced		HC220 HC221 HC222	
S6 Plus						HC230 Series	
S7 Elite		BiPAP S/T MisterNeb		II ST-A		HC604	
S7 Lightweight I/II		Aria LX		III		HC608	
S8 Compact		Auto		III D		Icon Premo	
S8 Escape I/II		Auto A-Flex (551P)		III ST		Icon Auto	
S8 Lightweight		Choice		III ST-A		Icon Novo	
S8 Elite I/II		Choice LS		V		Medical Industries America Inc.	
S8 AutoScore II		LX		V Elite		Model	tick
S8 AutoSet Vantage		M series		V plus		RemRest C1001	
S8 AutoSet I/II		Phonix System		VTR		RemRest C2001	
S8 Respond		Plus		Puritan Bennett		ResCare	
S8 AutoSet Spirit II		Plus C-Flex (251P)		Model	tick	Model	tick
S8 AutoSet C		Plus LX		425		APD 2	
S9 AutoSet		Pro		418G		APD 2S	
S9 Elite		Pro C-Flex + (451P)		420E		III	
VPAP Auto 25		Solo LX		420G		PD 2E	
VPAP S		Solo Plus LX		420S		V	
VPAP ST		Sunrise Medical		Sunrise Med (DeVilbiss)		Healthdyne	
S8 Auto 25		Model	tick	Model	tick	Model	tick
VPAP IV		8001		9000 Series		7300	
VPAP IV ST		8054		9001Series		1700 Tran	
		Auto Adjusting		AutoAdjust LT 8054		7300H	
				AutoAdjust LT 8054B		Quest Plus7300BF	

I have read and understand the Travel Clearance Guidelines and I certify that the information is true and correct and is subject to sighting on the day of travel

Signature _____ Phone Number _____ Fax _____ Date _____
d d m m y y

