

# CPAP Travel Clearance Form

Only complete this form if you intend to operate your CPAP, VPAP or BiPAP inflight.

## Passenger details:

Surname:	
First name:	Age:
Home phone: (Country code & area code)	Mobile: (Country code & area code)
Email address:	

## Flight details:

Booking reference number:		
Airline:	Flight number:	Class:
Date: (DD/MM/YY)	To:	From:
Airline:	Flight number:	Class:
Date: (DD/MM/YY)	To:	From:

## Please indicate the CPAP, VPAP, BPAP Equipment type you will be travelling with:

Make:	Model:	
Is your CPAP battery operated?	YES	NO
Will you be using your CPAP on the aircraft using your battery power? * (Refer below Dangerous Goods requirements)	YES	NO
If not, battery operated please select one of the below options:		
Would you like to use the in-seat power for your CPAP? ** (Available most seats on International services)	YES	NO
OR Do you require a designated Aircraft Medical Power outlet for your CPAP? (These are limited, and specific seat locations are designated by Qantas Special Handling)	YES	NO

\* If your CPAP is battery operated, please refer to Qantas.com for further information: [www.qantas.com/travel/airlines/dangerous-goods/global/en](http://www.qantas.com/travel/airlines/dangerous-goods/global/en)

\*\* PC Power Outlet may not guarantee a continuous power source during the flight.

**NOTE:** All spare batteries carried by passengers must travel as carry-on baggage only.

## Completed form must be returned to Qantas Special Handling:

Email: [specialhandling@qantas.com.au](mailto:specialhandling@qantas.com.au) | Fax: +61 2 9490 1830

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:	Date: (DD/MM/YY)
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