Jetstar Japan Co., Ltd.
E-mail：JJPDGAPRV@jetstar.com

Oxygen Cylinder Fact Form

If you intend to use oxygen cylinder on board, please complete the questionnaire below and email to Jetstar Japan at least 5 business days prior to departure.

Date			
Passenger name		Age	
Telephone			
Email address			
Flight detail	Date _____ GK _____ Sector （_____／_____） Date _____ GK _____ Sector （_____／_____）		
PNR			
Product detail	Manufacture：_____ Product name：_____ Size：Height _____cm ×Diameter _____cm Weight _____kg ※Please note: Patients under Home Oxygen Therapy directed by doctor Medical gaseous oxygen only. (Must have [O2] sign) Period of use: Iron bottle – no restriction | FRP bottle - 15 years from date of manufacture Cylinders must be fixed to your seat. Maximum Weight 5kg per bottle. If an extra seat is required to carry the additional oxygen cylinders for your travel, you may need to purchase another seat.		
Cylinder detail	Cylinder No.：_____ Date of last check：_____ Cylinder No.：_____ Date of last check：_____ Cylinder No.：_____ Date of last check：_____ Total _____Cylinders		
Demand Valve	☐ Yes Manufacturer：_____ Product name：_____ ☐ No		

Office use	承認番号																		