

Medical Equipment Luggage Transport Consent

Patient/Traveler Name:

Date of Birth:

Contact Information:

Medical Equipment Description:

Equipment Serial/ID Number:

Destination(s):

Transport Date(s):

Consent Statement

I, the undersigned, hereby consent to the transport of the listed medical equipment as part of my luggage. I confirm that I have received and understood the guidelines regarding the handling and transport of medical equipment, and accept any responsibilities outlined therein.

Patient/Traveler Signature:

Date:

Witness Signature:

Date:
