

LUNG FOUNDATION OF MALAYSIA

APPLICATION for loan of CPAP/ BPAP/ OXYGEN CONCENTRATOR/ PORTABLE OXYGEN

WE / I, Father / Mother / guardian to the patient (delete Where not applicable) , wish to loan one unit of CPAP/ BPAP/ oxygen concentrator/ portable oxygen from Lung Foundation of Malaysia and agreed to abide to the terms and conditions attached.

Name of Patient : _____ I.C. : _____

Signature : _____ Date: _____

Address : _____

Tel No. : _____

Name of Father/Mother/ Guardian : _____

(For Paediatric Patient)

I.C : _____

Signature : _____ Date: _____

Emergency Contact Details

Name : _____

Tel No. : _____

Witness:

Name : _____ I.C.: _____

Signature : _____ Date: _____

Approved By :

Name : _____ I.C.: _____

Signature : _____ Date: _____

Type of machine :

Serial No. :

Date borrowed : _____ Date Returned: _____

Terms and conditions to borrow CPAP/ BPAP/ oxygen concentrator / portable oxygen / suction machine

1. The machine is on loan to the patient. It remains the property of the Foundation.
2. The full set machine must be returned to **Lung Foundation of Malaysia** when the patient does not require the use of the machine and must be in good condition upon returning.

*Machine must be serviced before returning and to return during office hour.

*To fill up the oxygen tank before returning.

3. Parents / Guardians / Patient is responsible to take good care of the machine and to pay for the cost of repairing the machine while the machine is in the user's possession.

The oxygen concentrator / CPAP / BPAP must be serviced every 6 months by the company and the cost for servicing to be borne by the user. To remind the company if not service for 6 months. The company representative will go to the house to service or the user will send to the company. The arrangement to be made between the user and the company.

4. The Lung Foundation of Malaysia reserves the right to take back the machine at any time if the rules were violated and /or the patient does not require the use of the machine.

Name of Patient/ Father/ Mother/ Guardian : _____

Signature : _____

Date : _____

Name of Guarantor: _____ **Signature:** _____

Date : _____

Name of Witness : _____ **Signature:** _____

Date : _____

No	UNDERSTANDING AND UNDERTAKING TO CARE FOR OXYGEN CONCENTRATOR	
		YES / NO
1.	You have been explained to use the machine before taking the machine home.	<input type="checkbox"/> <input type="checkbox"/>
2.	Patient / father / mother / guardian signed the agreement after understand the explanation of the use and care of the machine.	<input type="checkbox"/> <input type="checkbox"/>
3.	The care of the machine and for changing the 'filter' is the responsibility of the guardian.	<input type="checkbox"/> <input type="checkbox"/>
4.	If the machine is spoilt due to the negligence or not following the rules to take care of the machine by the user or the guardian, it is the responsibility of the guardian to send for repair and the foundation reserves the right to take back the machine and will not be replaced by another machine.	<input type="checkbox"/> <input type="checkbox"/>
5.	<p>Steps to take care of the machine had been explained.</p> <p>* Wash hand before handling the machine.</p> <p>* Machine must be placed :</p> <p>a) away from any inflammatory things such as mosquito coil and cigarette smoking.</p> <p>b) away from kitchen:</p> <p style="padding-left: 40px;">i) not allow to bring machine to the kitchen.</p> <p style="padding-left: 40px;">ii) Not allow to bring oxygen tank to the kitchen</p> <p style="padding-left: 40px;">iii) Not to move to any other place or outside the House.</p> <p>c) Distant of machine from the wall at least to be 1 foot away.</p> <p style="padding-left: 40px;">i) Use single plug.</p> <p style="padding-left: 40px;">ii) Not allow to change the identified place for the machine. Handle with care. Not to play with the on/ off switch.</p> <p>d) Daily care</p> <p style="padding-left: 40px;">i) Clean the outside machine with clean water only and wipe dry.</p> <p style="padding-left: 40px;">ii) Clean tubing and sponge filter with clean water and dry or vacuum the sponge filter. Clean bottle humidifier and change water daily with cold boiled water. Add water until it covers the tubing.</p> <p>e) Weekly care</p> <p style="padding-left: 40px;">Filter must be checked and needs to be changed if it changes colour.</p> <p>f) 3 monthly care</p> <p style="padding-left: 40px;">i) Filter must be changed and the user/ guardian have to pay for the filter.</p> <p style="padding-left: 40px;">ii) It may needs to be changed earlier if the filter is dirty .</p> <p>g) 6 monthly care</p> <p style="padding-left: 40px;">Machine must be serviced.</p>	<input type="checkbox"/> <input type="checkbox"/>
6.	<p>If green light is on-- the machine is functioning well.</p> <p>If there is alarm sound with red light-- the machine is not functioning.</p> <p>4 things need to be checked : 1) plug 2) tubing 3) regulator for oxygen 4) wire connection.</p>	
7.	To call 03 _____ if the machine is out of order	
8.	The patient /parents /guardian to keep one copy of the signed agreement and the Foundation will keep another copy.	
	Name : _____	Name witness : _____
	Signature: _____	Signature : _____
	Date : _____	Date : _____

