



LIFE SUPPORT EQUIPMENT CERTIFICATION FORM

PART A - To be completed by Customer

PART B - To be completed by Licensed Medical Professional

PART A - CUSTOMER INFORMATION - PLEASE COMPLETE ALL AREAS BELOW

Customer Name	User of Equipment (Patient)
Account Number	Date of Birth (Patient)

ADDRESS

Street	
City, State, Zip Code	

PART B - LICENSED MEDICAL PROFESSIONAL CERTIFICATION - PLEASE COMPLETE ALL AREAS BELOW - Please be aware that PSEG Long Island cannot guarantee priority power restoration. Each customer is responsible for making alternative arrangements for any medical needs in the event of a power outage.

LIFE SUPPORT EQUIPMENT INFORMATION

Life Support protection is based on equipment usage, not condition or diagnosis. Please indicate the type of life support medical equipment used and certify need:

- | | |
|-------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Positive Pressure Respirator | <input type="checkbox"/> IV Feeding Machines |
| <input type="checkbox"/> Cuirass Respirators | <input type="checkbox"/> IV Medical Infusion Machines |
| <input type="checkbox"/> Apnea Monitor (Infant) | <input type="checkbox"/> Hemodialysis Machines |
| <input type="checkbox"/> Respirators/Ventilators | <input type="checkbox"/> Suction Machines |
| <input type="checkbox"/> Rocking Bed Respirators | <input type="checkbox"/> Oxygen Concentrators |
| <input type="checkbox"/> Tank Type Respirators | <input type="checkbox"/> Other: |

I confirm that without the use of this medical equipment, my patient would require **immediate hospitalization or risk of death.**

The following are generally not considered life support: oxygen PRN, sleep apnea machines for patients over 6 months of age (CPAP, BiPAP, APAP, VPAP), nebulizer, ICD, AED, pacemaker, spinal cord stimulator, life alert, air conditioning, refrigerated medication, electric bed, electric air mattress, electric lift, electric wheelchair/lift.

Nature of Illness or Medical Condition

Licensed Medical Professional (Print Name)	Date Signed
Licensed Medical Professional (Signature)	Licensed Medical Professional - NYS License Number

Part B must be completed by a Licensed Medical Professional which includes: Medical Doctor (M.D./D.O.), Physician Assistant, Nurse Practitioner, Registered Nurse or Board of Health.

Affix Licensed Medical Professional's Stamp

Form should be returned to PSEG Long Island by either email, fax or mail:

Email: medicalnotes@pseg.com	PSEG Long Island Attn: Customer Safeguard Solutions 15 Park Drive Melville, NY 11747
Fax: 631-844-3635	