Consent Form for Micro Pressure Oxygen Chamber.

※Boarding Instructions:

If you have a history of any of the following illnesses, it is recommended to postpone entry

□ acute or severe respiratory illness

□ blood pressure > 160/100mmHg and cannot be controlled by medication

□ those with blocked or difficult ventilation of the Eustachian tube

□ retinal detachment

□ bleeding disorder or active internal bleeding

Patients with □ acute respiratory and digestive tract infectious diseases

□ have a history of spontaneous pneumothorax or thoracic surgery

□ chest trauma

□ have a history of epilepsy and have monthly episodes

□ severe bullae and emphysema

□ untreated malignant tumors

□ catarrhal and purulent otitis media

□ acute and chronic sinusitis

□ there were angina attacks every week

□ patients with high fever (≥38°C)

□ bradycardiac (<50 beats)

□ people with diarrhoea

□ during pregnancy

□ history of aerobic allergy

□ patients with hypoxemia with hypercapnia

□ others such as hereditary spherocytosis, claustrophobia, sinusitis, etc

I voluntarily agree to undergo Hyperbaric Oxygen Therapy and assume full responsibility for any outcomes related to this therapy. By signing below, I confirm that I have read and understood this consent form, and all my questions have been addressed.