



# Physician's Statement



Passengers requiring supplemental oxygen in flight must have their physician complete and fax this request for medical screening to OxygenToGo® at (877) 329-6994 a minimum of 48 hours (excluding weekends) prior to the scheduled departure of their first flight. OxygenToGo® will contact the passenger when medical clearance has been obtained.

**Note:** Only approved Portable Oxygen Concentrators (POC) may be used on board during flight. For a list of approved Portable Oxygen Concentrators, see delta.com/oxygen.

## General information to be completed by the passenger

Name of passenger that will be using a Portable Oxygen Concentrator: \_\_\_\_\_

Travel Information: Confirmation Number \_\_\_\_\_ Or Flight Number/Date of Travel \_\_\_\_\_

Passenger's Contact Phone Number (including area code/country code): (\_\_\_\_) \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_

Is any travel on a Delta Connection® carrier? \_\_\_\_\_ \* If yes, what is the expected flight time? \_\_\_\_\_

Supplier of Device: Portable Oxygen Concentrator (POC) provided by Oxygen To Go \_\_\_\_\_  
Customer owned or rented Portable Oxygen Concentrator (POC) \_\_\_\_\_

Name of the supplier who is providing you with the Portable Oxygen Concentrator (POC): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Number of batteries that you have or will be supplied: \_\_\_\_\_ (Note: The FAA requires 150% of flight time in battery time. See supplier or call OxygenToGo for details. 866-692-0040. OxygenToGo® rents batteries, if needed.)

## The section below is to be completed by the physician

Nature of Illness: \_\_\_\_\_

Liters per minute required assuming a cabin altitude of 8,000 ft: \_\_\_\_\_

Continuous or Pulse dose : \_\_\_\_\_

Make and model of POC: (Check One)  
Inogen One \_\_\_\_\_  
SeQual Eclipse \_\_\_\_\_  
Respironics EverGo \_\_\_\_\_  
Delphi RS-00400 (EVO Central Air) \_\_\_\_\_  
Invacare XPO2 \_\_\_\_\_  
AirSep Lifestyle \_\_\_\_\_  
AirSep Freestyle \_\_\_\_\_

I, \_\_\_\_\_, (MD, DO) licensed to practice medicine in the state of \_\_\_\_\_, certify that

\_\_\_\_\_ is a patient under my care. It is my professional judgment that he/she is physically able to complete an airline flight safely without requiring extraordinary medical assistance, even if the flight is of greater length than scheduled, terminates at a point other than the expected destination, or involves other irregular operations.

I further certify that the above-mentioned patient does not have a disease or infection that can be transmissible to other persons during the normal course of the flight.

\_\_\_\_\_, MD/DO Date: \_\_\_\_\_

Signature

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

OxygenToGo® Phone: 866-692-0040 Fax: 877-329-6994

OTG use only: Emp id \_\_\_\_\_ DL sys entry time and date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Customer contact time and date: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Approval: \_\_\_\_\_