



## 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](http://delta.com/oxygen) or [www.oxygentogo.com](http://www.oxygentogo.com). For concentrator rental for travel on Delta, contact OxygenToGo® at 866-692-0040 - you must complete the OxygenToGo® rental agreement in order to be supplied with oxygen.

### General information to be completed by the passenger

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

Travel Information: Confirmation Number \_\_\_\_\_ and 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 OxygenToGo® \_\_\_\_\_  
Customer owned or rented Portable Oxygen Concentrator (POC) \_\_\_\_\_

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

Contact person: \_\_\_\_\_ Email (if known): \_\_\_\_\_

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

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

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

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

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

Continuous flow or Pulse flow : \_\_\_\_\_ (**Note:** Continuous "use" of oxygen is not Continuous "flow" or "dose" oxygen. Call to speak with a Respiratory Therapist at 866-692-0040)

#### Make and model of POC: (Circle One)

- Inogen One
- SeQual Eclipse
- Respironics EverGo
- Delphi RS-00400 (EVO Central Air)
- Invacare XPO2
- AirSep Lifestyle
- AirSep Freestyle
- Inogen One G2
- DeVilbiss iGo
- LifeChoice
- Oxlife

**Note:** Only Portable Oxygen Concentrators are allowed on board Delta which must medically match patient use.

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.

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

Print Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

