



# Physician's Statement



**\*Notice: POC clearance is free of charge to passenger\***

Please, no cover letters. Thank you. If OxygenToGo has not contacted you within 24 hours, please call to verify receipt of fax.

Phone: 307-732-0040 or 866-692-0040

Fax: 307-734-2982

Email: info@oxygentogo.com

All passengers requiring respiratory assistive devices in flight - renting from OxygenToGo® or another company - must complete Section 1. The physician must complete Section 2. When **all** fields are completed, fax this request for medical screening to OxygenToGo® at 307-734-2982 or email: info@oxygentogo.com a **minimum of 48 hours** (excluding weekends) prior to the scheduled departure of their first flight. OxygenToGo® will contact the passenger to review next steps. A fax cover sheet is not required.

✕ OxygenToGo® is open for calls between the hours of 9:00 a.m. and 7:00 p.m. Eastern Standard Time, Monday thru Friday. ✕

**Note: All fields must be completed and if approved to board you must bring a copy of this form with you to the airport.**

Only FAA approved Portable Oxygen Concentrators (POC) can be used on board. **No tanks** of any kind are **allowed** on board Delta Airlines. See the list in Section 1. for a list of FAA approved Portable Oxygen Concentrators. For concentrator rental for Delta, contact OxygenToGo®. Call: 307-732-0040 or 866-692-0040, email: info@oxygentogo.com or visit our website at: oxygentogo.com/delta

**Step 1:** Complete all fields of Section 1 and have your physician complete all fields of Section 2.

**Step 2:** Submit the completed form to Delta's authorized respiratory agent, OxygenToGo®, at least 48 hours before flight departure.

**Step 3:** After receiving approval from OxygenToGo®, bring a copy of the completed Delta Physician's Statement for all flights.

**Step 4:** If renting a POC for oxygen on a Delta flight, you must complete the OxygenToGo® rental agreement. OxygenToGo® also rents most POC batteries via next-day courier if needed for passengers with their own equipment.

## Section 1. General information to be completed by the passenger, family, or medical staff.

The **total number of batteries** that you have or will be supplied: \_\_\_\_\_ - **if left blank, you're not approved to board!**  
**(Note: The FAA requires 150% of flight hours in battery hours.)** OxygenToGo® rents batteries via next day courier, if needed.

Name of passenger using the Portable Oxygen Concentrator (POC): \_\_\_\_\_

Delta Air Lines Confirmation Number (six (6) digits long) \_\_\_\_\_ **AND** Flight Number(s) with date of travel: \_\_\_\_\_

Departing Flight #1 \_\_\_\_\_ Flight #2 \_\_\_\_\_ Flight #3 \_\_\_\_\_ Flight #4 \_\_\_\_\_ Date of departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Y)

Returning Flight #1 \_\_\_\_\_ Flight #2 \_\_\_\_\_ Flight #3 \_\_\_\_\_ Flight #4 \_\_\_\_\_ Date of departure: \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Y)

Passenger's contact phone number (including area code/country code):(\_\_\_\_) \_\_\_\_\_ or(\_\_\_\_) \_\_\_\_\_

Supplier of POC device: (*Check one*) (POC) provided by OxygenToGo® \_\_\_\_\_ or Customer owned/rented (POC) \_\_\_\_\_

Note: "Carry on only" POC's are not allowed to be used in-flight. If the physician notes a LPM rate all FAA requirements are enforced.

### What is the make and model the POC (Portable Oxygen Concentrator)? (*Circle one*)

**Inogen One** (1-5 LPM Pulse only)

**Inogen One G3** (1-4 LPM Pulse only)

**Respironics EverGo** (1-6 LPM Pulse only)

**Invacare XPO2** (1-5 LPM Pulse only)

**AirSep Lifestyle** (1-5 LPM Pulse only)

**AirSep Focus** (1-2 LPM Pulse only)

**Precision Medical Easy Pulse** (1-5 Pulse only)

**Sequal Eclipse** (1-6 LPM Pulse & 1-3 LPM Continuous flow)

**Invacare Solo2** (1-5 LPM Pulse & 1-3 LPM Continuous flow)

**Respironics SimplyGo** (1-6 Pulse & 1-2 LPM Continuous flow)

**Inogen One G2** (1-5 LPM Pulse only)

**AirSep Freestyle** (1-3 LPM Pulse only)

**Oxus RS-0040** (1-5 LPM Pulse only)

**LifeChoice Activox** (1-3 LPM Pulse only)

**LifeChoice** (1-3 LPM Pulse only)

**AirSep FreeStyle 5** (2 LPM Pulse only)

**Oxlife Independence**(1-6 LPM Pulse & 1-3 LPM Continuous flow)

**Sequal SAROS** (1-6 LPM Pulse & 1-3 LPM Continuous flow)

**DeVilbiss iGo** (1-6 LPM Pulse & 1-3 LPM Continuous flow)

## Section 2. To be completed by the physician.

LPM required assuming a cabin altitude of 8,000 ft: \_\_\_\_\_ LPM. Enter "0" if carry on only (maximum LPM 3 continuous and 6 pulse)

(*Circle one*) **Pulse flow** or **Continuous flow**. (**Definition:** Continuous "use" of oxygen is not Continuous "flow" oxygen. (Call 866-692-0040 to speak to a licensed Respiratory Therapist) Only **one** flow type can be selected even though the device can provide both.

**Note:** \*Sign below box if oxygen is not needed during the duration of the flight and the POC is carry on only. (Doctor only)\*

\_\_\_\_\_  
\*Physician signature box for **carry on only**. Note: If a LPM is prescribed on line one of Section 2, this box cannot be signed. PRN is not an available option.

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

\_\_\_\_\_ 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 \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Y) Email: \_\_\_\_\_

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

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