

# Oxygen Users Disaster Evacuation Planning Guideline

## Emergency Travel Information

In order to assist you in your travels, the following information is recommended that you have all in one place so that it can be located easily and quickly in case you have an emergency.

- Page 1 Your Name – Emergency Medical Travel Information
- Page 2 Travel Itinerary – where you are going to.  
a. copy of your tickets or boarding passes or Travel Information
- Page 3 Travel Itinerary – when you are going to return home.  
a. copy of your tickets or boarding passes or Travel Information
- Page 4 Contact information for where you are going  
a. Name of Contact  
b. Phone Number of Contact  
c. Address of Contact
- Page 5 Travel authorization for Concentrator  
a. Request from Airline  
b. Fill out top part by you  
c. Give to your Pulmonary Doctor to complete  
d. Then fax to the number on the form  
e. Keep copy here for your travel and to get through TSA
- Page 6 Copy of your **medical diagnoses** from your doctor.
- Page 7 Copy of your **medical issue invoice for your concentrator with your name on it to confirm that this device was issued to you.**
- Page 8 **List of medications, medical conditions, surgeries and medical insurance, also include your name, date of birth, ssn, phone number and address.**
- Page 9 List of all your **doctors to include name, address, phone, fax and specialty.**
- Page 10 Copy of **Oxygen Users Disaster Evacuation Planning Guide**  
a. <http://www.nopersonleftbehind.org/Publications/OxygenDisasterEvacuationPlan.pdf>
- Page 11 Copy of your **Oxygen Concentrator Users Manual**
- Page 12 Copy of **Safe Travel Guide for Persons with Disabilities**  
a. Located at <http://www.nopersonleftbehind.org/safe-travel/safe-travel.htm>