



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:(____) _____