

Suggested Physician Statement

This is basic form that may be helpful to you and your physician. However, some airlines require a specific Medical Information Form (MEDIF). Also, airlines may require your physician form to be signed on the physician's office letterhead. Always check with the airline.



Patient Name: _____

DOB: _____

_____ The patient may adjust the oxygen flow setting to a maximum of _____, as needed during flight, with allowance for variance in cabin pressure.

_____ The patient and/or caregiver can see, hear and respond to any visual and/or audible POC alarms.

_____ The patient requires the use of oxygen at all times, before, during and after flight. This includes the use of oxygen while in the airport terminal, during take-off, landing and while moving through the cabin or the aircraft;

Or

_____ The patient requires the use of oxygen only during flight.

Other:

Physician Name: _____

Physician Signature: _____

Date: _____