

OXYGEN REQUEST FORM

Dear Customer,

In order for us to make oxygen (O₂) arrangements on United® flights, this form must be completed and returned to our office as soon as possible to allow adequate time to arrange this service. We are unable to provide oxygen with less than 48 hours notice prior to travel. Once you complete the passenger information section, your doctor must complete the physician section and fax the form to United.

Please note the following important information:

- Personal Oxygen Concentrators are **NOT** permitted for use in-flight, they may be brought onboard as carry-on baggage.
- Oxygen service is **NOT** available on United Express® flights or during ground connections. Please contact an outside vendor for assistance if you require O₂ during ground connections.
- If your itinerary includes another airline, including code-share, you should contact the operating carrier directly for their oxygen procedure or policy.

Your local United Reservations office can provide you with additional information and assistance.

PASSENGER INFORMATION SECTION

Patient name (please print):	Birth date: (DD/MM/YYYY)
Telephone number:	United Reservations number:

Flight number	Travel date	Departure time	Departing city	Arriving city

TO BE COMPLETED BY PASSENGER'S PHYSICIAN

Dear Physician,

Your patient has indicated oxygen is required to support his/her medical condition while travelling. In order for us to make these arrangements for in-flight O₂, please answer the questions below. After you have completed and signed this form, please fax it to **XXXXXXXXXX**. **Your signature authorizes United to administer oxygen at the flow rate indicated in your response.** For additional information please contact our United Reservations office at XXXXXXXX

We appreciate your time and assistance with this process.

United Airlines Medical Department

	YES	NO	
1	<input type="checkbox"/>	<input type="checkbox"/>	The above patient's physical condition is stable enough for commercial flight(s) with or without O ₂ . <i>If yes, please note that United has the final authority to decline boarding at the time of departure if the passenger appears too ill to travel.</i>
2	<input type="checkbox"/>	<input type="checkbox"/>	Patient requires O ₂ for flight. <i>If yes complete the following:</i> O ₂ is available in flow rate increments of 2, 3, 4, 5, 6, 7 or 8 litres. Half litres are <i>not</i> available. United is able to administer at a <i>continuous flow only</i> . Please indicate the flow rate: _____ litres per minute.
3	<input type="checkbox"/>	<input type="checkbox"/>	O ₂ is <i>not</i> available on Regional Aircraft operated by United Express. Can this passenger fly without O ₂ on United Express flights? If yes, indicate the maximum amount of time the patient can be without O ₂ in-flight. _____ hour(s) _____ minutes
4	<input type="checkbox"/>	<input type="checkbox"/>	Will an I.V. hook be required during flight?
5	<input type="checkbox"/>	<input type="checkbox"/>	Does this patient require a wheelchair for ambulation?

Diagnosis: _____

Special instructions: _____

Kaiser number: _____

Physician's name (please print):	State License or Registration Number:
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Telephone number:	Fax number:
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Address _____

City _____

State/Country _____

Physician's signature: _____