

CACI - Pre-Diabetes Worksheet (Updated 4/29/15)
(Metabolic Syndrome, Impaired Fasting Glucose, Insulin Resistance, Glucose Elevation/Intolerance, Polycystic Ovary Syndrome)

The Examiner must review a current status report by the treating physician and any supporting documents to determine the applicant's eligibility for certification. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	<input type="checkbox"/> Yes
Symptoms associated with diabetes	<input type="checkbox"/> None
Hypoglycemic events (symptoms or glucose less than or equal to 70 mg/dl) within the past 12 months.	<input type="checkbox"/> None
Fasting blood sugar	<input type="checkbox"/> Less than 126 mg/dl
Current A1C	<input type="checkbox"/> Within last 90 days <input type="checkbox"/> Less than or equal to 6.5 mg/dL
Oral glucose tolerance test, if performed	<input type="checkbox"/> Less than 200 mg/dl at 1 hour <input type="checkbox"/> N/A
Medications for condition	<input type="checkbox"/> None <input type="checkbox"/> Metformin only (after a 14-day trial period with no side effects)

Treating M.D. Signature: _____ Date: ___/___/_____

AME MUST NOTE in Block 60 either of the following:

CACI qualified Pre-Diabetes (Metabolic Syndrome, Impaired Fasting Glucose, Insulin Resistance, Glucose Elevation/Intolerance, Polycystic Ovary Syndrome). (Documents do not need to be submitted to the FAA.)

Not CACI qualified Pre-Diabetes (Metabolic Syndrome, Impaired Fasting Glucose, Insulin Resistance, Glucose Elevation/Intolerance, Polycystic Ovary Syndrome). Issued per valid SI/AASI. (Submit supporting documents.)

NOT CACI qualified Pre-Diabetes ((Metabolic Syndrome, Impaired Fasting Glucose, Insulin Resistance, Glucose Elevation/Intolerance, Polycystic Ovary Syndrome). I have deferred. (Submit supporting documents.)