

# SIX-MINUTE WALK TEST (6MWT) - FAA RESULT SHEET

(Updated 08/25/2021)

NAME \_\_\_\_\_ DOB \_\_\_\_\_

APPLICANT ID# \_\_\_\_\_ PI# \_\_\_\_\_

Please have the provider who treats your cardiac or pulmonary condition complete this sheet. The test must be done in accordance with the [American Thoracic Society \(ATS\) Guidelines for the Six-Minute Walk Test](#).  
(Note: Link must be opened in Google Chrome.)

Submit this sheet and any other supporting documentation to your AME or to the FAA:

Federal Aviation Administration  
Civil Aerospace Medical Institute, Building 13  
Aerospace Medical Certification Division, AAM-300  
PO Box 25082  
Oklahoma City, OK 73125-9867

1. Treating provider's printed name: \_\_\_\_\_ Phone number: \_\_\_\_\_

2. List ALL current cardiopulmonary medications: \_\_\_\_\_

\_\_\_\_\_

## TEST RESULTS (For YES or NO questions, please circle answer.)

3. Did the airman complete Six-Minute Walk Test? YES or NO. If YES, total distance walked \_\_\_\_\_ meters.

4. Did the airman **stop or pause** before 6 minutes? YES or NO. If YES, reason(s): \_\_\_\_\_

\_\_\_\_\_

5. If **stopped or paused**, total time walked: \_\_\_\_\_ (min/sec); total distance walked: \_\_\_\_\_ meters.

	Baseline	End of 1 minute	End of 2 minutes	End of 3 minutes	End of 4 minutes	End of 5 minutes	End of 6 minutes
<b>HEART RATE</b>							
<b>SpO<sub>2</sub> (%)</b>							
<b>DYSPNEA</b> Scale of 0 to 5 (none to severe)							
<b>FATIGUE</b> Scale of 0 to 5 (none to severe)							

6. Supplemental oxygen used during the test: YES or NO. If YES, flow \_\_\_\_\_ (L/min)

7. Rescue inhaler used shortly before or during test: YES or NO.

8. Other symptoms at end of test (e.g. angina; leg/hip/calf pain; dizziness, etc.)

\_\_\_\_\_

9. Treating provider's interpretation and comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Treating provider's signature \_\_\_\_\_ Date of evaluation \_\_\_\_\_