

DIABETES or HYPERGLYCEMIA ON ORAL MEDICATIONS STATUS REPORT

(Updated 5/27/2015)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Please have the provider who treats your diabetes enter the information in the space below. Return the completed form to your AME or to the FAA at:

Using US Postal Service:

or

Using special mail (UPS, FedEx, etc.)

Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
Mike Monroney Aeronautical Center
PO BOX 25082
Oklahoma City, OK 73125

Federal Aviation Administration
Aerospace Medical Certification Division-AAM-300
Civil Aerospace Medical Institute, Bldg. 13
6700 S. MacArthur Blvd, Room 308
Oklahoma City, OK 73169

1. Provider printed name _____ and phone # _____

2. Date of last clinical encounter for diabetes _____

3. Date of most recent DIABETES MEDICATION change _____ (and WHAT was changed) _____

4. Hemoglobin A1C lab value _____ and date _____

(A1C lab value must be taken more than 30 days after medication change and within 90 days of re/certification)

5. List ALL current medications (for any condition) *

If YES is circled on any of the questions below, please attach narrative, tests, etc.

6. Any side effects from medications Yes No

7. ANY episode of hypoglycemia in the past year Yes No

8. Any evidence of progressive diabetes induced end organ disease

Cardiac..... Yes No

Neurological..... Yes No

Ophthalmological..... Yes No

Peripheral neuropathy..... Yes No

Renal disease..... Yes No

9. Does this patient take ANY form of insulin Yes No

10. Any clinical concerns? Yes No

Treating Provider Signature

Date

*Note: Acceptable Combinations of Diabetes Medications for airman can be found here:

https://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/diabetesmeds_acceptablecombinations.pdf