

DIABETES or HYPERGLYCEMIA ON ORAL MEDICATIONS
STATUS REPORT (Updated 08/30/2017)

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:

Federal Aviation Administration
Aerospace Medical Certification Division AAM-313
Mike Monroney Aeronautical Center
PO Box 25082
Oklahoma City, OK 73125

or

Using special mail (UPS, FedEx, etc.)

Federal Aviation Administration
Aerospace Medical Certification Division-AAM-313
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, & what 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 and copies of this form for future follow-ups can be found at
www.faa.gov/go/diabetic.