

DIABETES or HYPERGLYCEMIA ON ORAL MEDICATIONS
STATUS REPORT

AIRMAN 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 Regular Mail (US Postal Service)
Federal Aviation Administration
Aerospace Medical Certification Division, AAM-300
Civil Aerospace Medical Institute
PO BOX 25082
Oklahoma City, OK 73125-9867

or

Using Special Mail (FedEx, UPS, etc.)
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 _____ & phone _____

2. Date of last clinical encounter for Diabetes _____

3. Date of most recent DIABETES MED change _____

4. Hemoglobin A1C lab value _____ and date done _____
(A1c lab value must be taken more than 30 days after medication change and within 90 days of recertification)

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

If YES 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:
www.faa.gov/go/diabetic