

AIRMEN HYPERTENSION STATUS REPORT

Airman's Name: _____ DOB: _____

1) Diagnosis: _____

2) Treatment (Medication and dosage): _____

3) Adverse side effects experienced by patient: _____

4) Control: Good _____ Adequate _____ Poor _____

Need one (1) blood pressure reading done within the last six months and at least one (1) week prior to your FAA Exam:

Reading: _____ / _____ Date: _____

5) Hypertension adequately controlled? Yes _____ No _____ If no, please explain: _____

Complications: Cardiac _____ Peripheral vascular _____

Renal _____ Other _____ None _____

Recommendations: _____

Physician's Name: _____

(Please print)

Address: _____

City/State/Zip Code: _____

Physician's Signature: _____

Date: _____