

AIRMEN CHRONIC KIDNEY DISEASE STATUS REPORT

please make sure you attach the lab report with all of the reported labs in section 9

1. Airman's Name: _____
2. Diagnosis: _____
3. Treatment Details: _____

4. CKD asymptomatic and stable? Yes _____ No _____ If no, please explain: _____

5. Developed any new conditions or complication that would affect renal function?
 Yes _____ No _____ If no, please explain: _____

6. Has 2 functioning kidneys? Yes _____ No _____
7. Have any underlying conditions? (Ex: diabetes, HTN, glomerulonephritis, PKD, or
 chronic obstruction) Yes _____ No _____ If yes, please list: _____

8. Is dialysis or transplant recommended or anticipated at this time? Yes ___ No ___
9. *Lab Results*
 - a. eGFR Result: _____ Date Drawn: _____
 - b. Urine Albumin or ACR Result: _____ Date Drawn: _____
 - c. Hemoglobin Result: _____ Date Drawn: _____
 - d. Hematocrit Result: _____ Date Drawn: _____

Physician's Name(printed): _____

Clinic's Address: _____

Physician's Signature: _____

Date: _____