FAA HYPERTENSION STATUS REPORT

Pilot: _____ _____
Date of Birth ___/___/_____
Today's Date ___/___/_____

Treating Physician: _____

Medication(s) and dosage:

1. _____
2. _____
3. _____

Recent representative Blood Pressures:

Date: ___ /____/ _____ BP: ___ / ___
Date: ___ /___ / _____ BP: ___ / ___
Date: ___ /___ / _____ BP: ___ / ___

Medications tolerated without side effect(s)? ___ Y ___ N

Side effects (if any): _____

_____

Evidence of end organ effect of hypertension? ___ Y ___ N
Cardiac disease?
Peripheral arterial disease?
Ocular or Renal disease?

Appropriate lab testing if deemed necessary by treating physician:
_____

Serum Potassium if treated with diuretic: _____

Additional comments by physician:

_____

_____

Treating Physician Signature: _____

Date: ___/___/_____