

CACI - Asthma Worksheet (Updated 04/29/2015)

The Examiner must review a current status report by the treating physician and any supporting documents to determine the applicant's eligibility for certification. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first- or second- class must provide this information annually; applicants for third-class must provide the information with each required exam.

AME MUST REVIEW	ACCEPTABLE CERTIFICATION CRITERIA
Treating physician finds the condition stable on current regimen and no changes recommended	<input type="checkbox"/> Yes
Symptoms: Stable and well-controlled (either on or off medication)	<input type="checkbox"/> Yes for all of the following: <ul style="list-style-type: none"> - Frequency of symptoms - no more than 2 days per week - Use of inhaled short-acting beta agonist (rescue inhaler) - no more than 2 times per week - Use of oral corticosteroids for exacerbations - no more than 2 times per year - In the last year: <ul style="list-style-type: none"> o No in-patient hospitalizations o No more than 2 outpatient clinic/urgent care visits for exacerbations (with symptoms fully resolved).
Acceptable Medications	<input type="checkbox"/> One or more of the following <ul style="list-style-type: none"> - Inhaled long- acting beta agonist - Inhaled short-acting beta agonist (e.g., albuterol) - Inhaled corticosteroid - leukotriene receptor antagonist, (e.g. montelukast [Singulair]) <p>Note: A short course of oral or IM steroids during an exacerbation is acceptable. Examiner must caution airman not to fly until course of oral steroids is completed and airman is symptom free.</p>
Pulmonary Function Tests (PFT)* *PFT is not required if the only treatment is PRN use on one or two days a week of a short-acting beta agonist (e.g. albuterol).	<input type="checkbox"/> Current within last 90 days <input type="checkbox"/> FEV1, FVC, and FEV1/FVC are all equal to or greater than 80% predicted before bronchodilators

AME MUST NOTE in Block 60 one of the following:

CACI qualified asthma.

Not CACI qualified asthma. Issued per valid SI/AASI. (Submit supporting

documents.) NOT CACI qualified asthma. I have deferred. (Submit supporting

documents.)