

**DIABETES MELLITUS TYPE I OR TYPE II
INSULIN TREATED - CGM OPTION**

BLOOD GLUCOSE WORKSHEET FOR CGM USE

(Updated 02/26/2020)

AIRMAN'S NAME _____

PI# or MID# _____

Please complete the requested information in the space provided. Attach the printout data from your device along with this worksheet. If you have more than 3 months of data, complete additional worksheet pages.

Requirements for printouts:

1. Customize low glucose to 70 mg/dL and high glucose to 250 mg/dL before printing report.
2. Limit date ranges for 3 whole months, from the first day to the last day (e.g. 01/1/2019 – 03/30/2019), as requested.
3. Device and all data must be from the pilot him/herself.
FAA requires the percentage blood glucose data and the average readings to be from the preceding 3 months. (Therefore, the 6 month report submitted by the AME will include two separate 3 month reports; months 1-3 and months 4-6).

Continuous Glucose Monitoring (CGM) information – (Required)

CGM Manufacturer and Model
Date CGM first used

CGM--required	Month 1	Month 2	Month 3
Dates CGM Data was obtained	TO	TO	TO
% of data less than 70 mg/dL			
% of data between 70 and 250 mg/dL			
% if data more than 250 mg/dL			

- In the past 3 months has the CGM functioned normally with no significant abnormality? Yes No
- To your knowledge, have there been any recalls to the CGM/insulin pump device(s) or parts? Yes No
- If using a combined CGM and insulin pump system, it is an authorized continuous glucose monitor that is FDA approved to be integrated into an authorized automated insulin dosing systems. Yes No N/A

Fingerstick (FSBS) information	Month 1	Month 2	Month 3
Dates FSBS Data was obtained	TO	TO	TO
% of data less than 70 mg/dL			
% of data 70 to 250 mg/dL			
% if data more than 250 mg/dL			