To make a determination on your FAA Medical Certificate, the FAA requires a current, detailed Clinical Progress Note generated from a clinic visit with your treating physician or specialist no more than 90 days prior to your AME exam*. If you ask your physician’s office for a copy of your progress note, they may direct you to your patient portal to print out “notes” or an “After Visit Summary (AVS).” Patient Portal notes or an AVS that do not meet the criteria listed below for a current, detailed Clinical Progress Note are NOT sufficient for FAA purposes. Submitting incorrect or incomplete information will delay your medical certification review. To help avoid this, please review the information provided below.

Here is how to tell the difference between patient portal notes or AVS vs a current, detailed Clinical Progress Note:

<table>
<thead>
<tr>
<th>Patient Portal or After Visit Summary (AVS)</th>
<th>Current, Detailed Clinical Progress Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ready immediately after the visit.</td>
<td>May take some time (days) for the physician to review and sign.</td>
</tr>
<tr>
<td>Accessible on your patient portal.</td>
<td>May be accessible in your patient portal, however, this depends on your physician’s Electronic Medical Record (EMR) system.</td>
</tr>
<tr>
<td>Title = “After Visit Summary”</td>
<td>Title = &quot;Progress Notes&quot; or &quot;View notes&quot;</td>
</tr>
</tbody>
</table>

**Page Contents:**
- Blood pressure, weight, pulse;
- Instructions (“pick up medications, return in 6 months,” etc.);
- Reason for visit, list of medications given, or tests ordered; and
- Medication allergies, immunization history, etc.

**Page Contents:**
- Blood pressure, weight, pulse;
- Instructions (“pick up medications, return in 6 months,” etc.);
- Reason for visit, list of medications given, or tests ordered;
- Medication allergies, immunization history, etc.;
- Review of body systems;
- Physical exam findings (Ex. constitutional, cardiovascular, skin, etc.);
- List of all current medications, dosages side effects (if any);
- Assessment;
- Plan (prognosis); and
- ICD-10 codes

**Plus:**

You do not need to sign a release to obtain. You may have to sign a release with your physician's office to get a copy (printed or released to you in your EMR).
Review the FAA terms on the following page. You may want to share this with your treating physician.

<table>
<thead>
<tr>
<th>WHEN YOU SEE THIS:</th>
<th>IT MEANS:</th>
</tr>
</thead>
</table>
| CURRENT            | Performed no more than **90 days before** your AME exam*  
**Example:** You see your AME on June 1. To be “current,” the detailed Clinical Progress Note should be from an evaluation in which you saw your **treating physician** in clinic between March 1 and June 1 (90 days).  
(*FAA ATCS clearance exams correlate with birth month, so the treating physician evaluation should be within 90 days of birth month.*) |
| DETAILED           | Must include the following items:**  
- A summary of the history of the condition,  
- Current medications, dosages, and side effects (if any);  
- Clinical exam findings;  
- Results of any testing performed;  
- Diagnosis;  
- Assessment;  
- Plan (prognosis); and  
- Follow-up  
**Example:** A letter stating “Mr. Smith is ok to fly” (or any other simple note) is NOT a current, detailed Clinical Progress Note and is NOT acceptable.  
(**This information is standard in most clinical progress notes. [E.g. Medicare standards]**) |
| CLINICAL           | Describes findings from an **actual** clinical encounter (usually in office). |
| PROGRESS NOTE      | This is part of the **actual medical record** that details events of your office or hospital visit.  
Physicians and other providers understand this term. It may be called a SOAP note or patient note. It has specific components (see “Detailed” above).  
A patient “after visit summary” or “patient summary” are NOT sufficient for FAA purposes. To see if your note meets FAA requirements, see the previous page for a comparison between “patient portal or after visit summary” vs. **current, detailed Clinical Progress Note**. |
| “IT MUST SPECIFICALLY INCLUDE” | If this language is in your letter, it is to highlight **SPECIFIC items** (that may or may not be part of a standard current, detailed Clinical Progress Note). **Make sure your physician addresses these specific items.** |