

		Primary Hemochromatosis All Classes Updated 08/25/2021	
DISEASE/CONDITION	EVALUATION DATA	DISPOSITION	
A. Tested and found not to have the disease. Carrier status in the absence of disease is not disqualifying.	No evaluations or follow up needed.	ISSUE	Summarize this history in Block 60.
B. Asymptomatic	See CACI worksheet	DEFER	Follow the CACI-Primary Hemochromatosis Worksheet . Annotate Block 60.
C. Symptomatic OR Evidence of End Organ Damage OR Co-morbid conditions* <ul style="list-style-type: none"> • Unacceptable medications are used; • Side effects are present; • Phlebotomy performed more than monthly; and/or • Iron overload caused by other mechanisms or diseases (e.g. secondary hemochromatosis) 	Submit the following to the FAA for review: <ul style="list-style-type: none"> <input type="checkbox"/> Current evaluation from a board-certified gastroenterologist, hepatologist, or hematologist which documents course of disease from diagnosis to present; severity of the condition; presence or absence of joint, liver, CNS, endocrine, renal or hematologic disease; pertinent historical lab summary; and evidence of any cognitive changes. Evaluation should document stability, treatment plan, and prognosis. <input type="checkbox"/> List of medications and side effects, if any <input type="checkbox"/> Current Lab (within the past 90 days) <ul style="list-style-type: none"> <input type="checkbox"/> CBC, serum iron, ferritin level, and transferrin saturation <input type="checkbox"/> Comprehensive metabolic panel <input type="checkbox"/> Hemoglobin A1c <input type="checkbox"/> TSH <input type="checkbox"/> Resting EKG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Liver/cardiac imaging and biopsies (only if clinically indicated) <input type="checkbox"/> Any other testing clinically indicated 	DEFER	Submit the information to the FAA for a possible Special Issuance. Follow up Issuance will be per the airman's authorization letter.
<p>Note: *Co-morbid conditions for FAA purposes include:</p> <ul style="list-style-type: none"> • Arthropathy • Cardiomyopathy or other cardiac disease • Cirrhosis or other documented hepatic disease • CNS disease (including cognitive deficits) • Endocrine disease including diabetes, hypopituitarism, hypogonadism, or hypothyroidism • Kidney disease • Polycythemia or other condition requiring multiple transfusions 			