


## Chronic Obstructive Pulmonary Disease (COPD) Status Summary

(Updated 06/28/2023)

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Applicant ID: \_\_\_\_\_ PI#: \_\_\_\_\_

Please have your Pulmonologist or the physician who manages your COPD provide the requested information in the space provided. Submit this summary and a current, detailed Clinical Progress Note addressing each item. Attach a copy of Pulmonary Function Test (#3) and the 6-minute Walk Test results (#4) and submit to your AME or mail to the FAA:

Federal Aviation Administration Civil Aerospace Medical Institute, Building 13 Aerospace Medical Certification Division, AAM-300, PO Box 25082 Oklahoma City, OK 73125-9867	For stage criteria, see the <a href="#">Global Initiative for Chronic Lung Disease (GOLD) pocket guide app.</a> 
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1. Is the individual classified as **GOLD stage 1 or 2a** and stable with no hospitalizations and no moderate or severe exacerbations in the past year?

YES	NO
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2. Resting oxygen saturation is 96% or higher.

YES	NO
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3. ☐ Pulmonary Function Test (PFT), performed no more than 90 days ago: Is the Post-bronchodilator **FEV1 greater than 60%** predicted:

YES	NO
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4. ☐ [6-minute walk test](#), (6MWT) performed no more than 90 days ago, Do the results verify:  
a. Less than or equal to 3% drop in SpO2 from baseline AND  
b. Walked 400 meters or more

Attach test results.	
YES	NO

5. Medications.

- a. Treated with three (3) or fewer medications, excluding a rescue inhaler (e.g., Trelegy plus albuterol) AND  
b. Oral prednisone (or similar) not needed/ not used daily.

Attach test results.	
YES	NO

6. Explain any "NO" answers or other concerns. (Attach a current, detailed Clinical Progress Note).

\_\_\_\_\_  
Treating Physician Signature (Circle: Pulmonologist; PCP; Other)

\_\_\_\_\_  
Date of Evaluation

\_\_\_\_\_  
Name or Office Stamp

\_\_\_\_\_  
Phone Number