Chorioretinitis Status Summary

All Classes

(Updated 08/26/2026)

Name: _____ Birthdate: _____

Applicant ID: _____ PI#: _____

Please have your **ophthalmologist** provide the requested information in the space provided. Submit this summary or a current, detailed Clinical Progress Note addressing each item. Attach a copy of any additional testing already performed and submit all items to your AME for upload into your FAA file:

Check affected eye(s)	BEST corrected vision (enter both)	circle correction used
_____ Right (OD)	20 / _____	no correction / glasses / contacts / other*
_____ Left (OS)	20 / _____	no correction / glasses / contacts / other*

	No	Yes*
1. Does this individual have **any** ophthalmological diagnosis OTHER than **Chorioretinitis**? Does this condition affect BOTH eyes or is there any other pathology, structural abnormality, or health issue in either eye(s) beyond **Chorioretinitis**?		
2. Is the condition likely to recur? (e.g. toxoplasmosis, Herpesvirus, Autoimmune, Systemic, or other))		
3. Have they taken any medication(s) or eye drops for this condition in the past 5 years?		
4. Do you have any concerns with their quality of vision, and/or is the condition **Unstable**?		

Explain any "Yes*" answers or other concerns. If glasses or contacts are used but are not sufficient to correct vision to standards, please explain. Attach any Clinical Progress Note(s).

_____ _____

Treating Physician Signature and credentials (MD/DO/OD) Date of Evaluation

_____ _____

Name or Office Stamp Phone Number

AME: If **ALL** items fall into the clear "No" column, the AME may issue.

If **Any Single** Item falls into the shaded "**Yes***" column, the **AME MUST DEFER**. The AME should note what aspect caused the deferral and explain any "Yes*" answers. Attach the most recent detailed Clinical Progress Note(s) which addresses these items.

NOTE: This Status Summary is NOT required (clinical records may be submitted); however, it will help to streamline and significantly DECREASE FAA review time.