

DIABETES ON INSULIN Re-Certification STATUS REPORT
NON CGM - Third Class Option (Page 1 of 2)
 (Updated 06/29/2022)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Class applied _____ Circle one: INITIAL / Re-Certification

Please have the provider who treats your diabetes enter the information in the space below.
 Return the completed status report to your AME or to the FAA at:

Using regular mail (US postal service)	Using special mail (FedEx, UPS, etc.)
Federal Aviation Administration Civil Aerospace Medical Institute, Bldg. 13 Aerospace Medical Certification Division, AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914	Federal Aviation Administration Medical Appeals Section, AAM-313 Aerospace Medical Certification Division 6700 S MacArthur Blvd., Building 13, Room 308 Oklahoma City, OK 73169

1. Provider printed name _____ phone _____

2. Date of last clinical encounter for Diabetes _____

3. Date of most recent DIABETES MEDICATION **CHANGE** _____
 And describe what was changed:

4. Quarterly hemoglobin A1c
 (A1c's must be done ≥ 30 days after meds change and ≤ 90 days of recertification.)

Quarterly A1Cs	Value	Date
#1		
#2		
#3		
#4		

5. Review the blood glucose self-monitoring logbook, recording device download, or continuous glucose monitoring (CGM) data, if used. Comment on stability, variance (highs and lows), and any other concerns you have. If control is good and there are no concerns, state that also.

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NON-CGM – THIRD CLASS OPTION**

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In lieu of #6 and #7, the physician's office may attach a current medication list. The list should note for what condition the medications are used.

6. List Insulin treatment schedule:

7. List **ALL** other current medications* (for any condition) and why they are used/diagnosis treated. Dosage is not required.

IF YES on any of the questions below, please attach narrative, tests, etc.

8. Any side effects from medications.....Yes No

9. ANY episode of hypoglycemia in the past year
REQUIRING ASSISTANCE from another person.....Yes No

10. Any evidence of progressive diabetes induced end organ disease:

Cardiac.....	Yes	No
Neurological.....	Yes	No
Ophthalmological	Yes	No
Neuropathy	Yes	No
Renal disease	Yes	No

11. Any clinical concerns or other comments?Yes No

Treating Provider Signature

Date

For more information, see:

- [Acceptable Combinations of Diabetes Medications](#)
- [Pharmaceuticals \(Therapeutic Medications\) - Diabetes Mellitus - Insulin Treated](#)