

# HYDROXYCHLOROQUINE (HCQ)/ CHLOROQUINE (CQ) STATUS SUMMARY

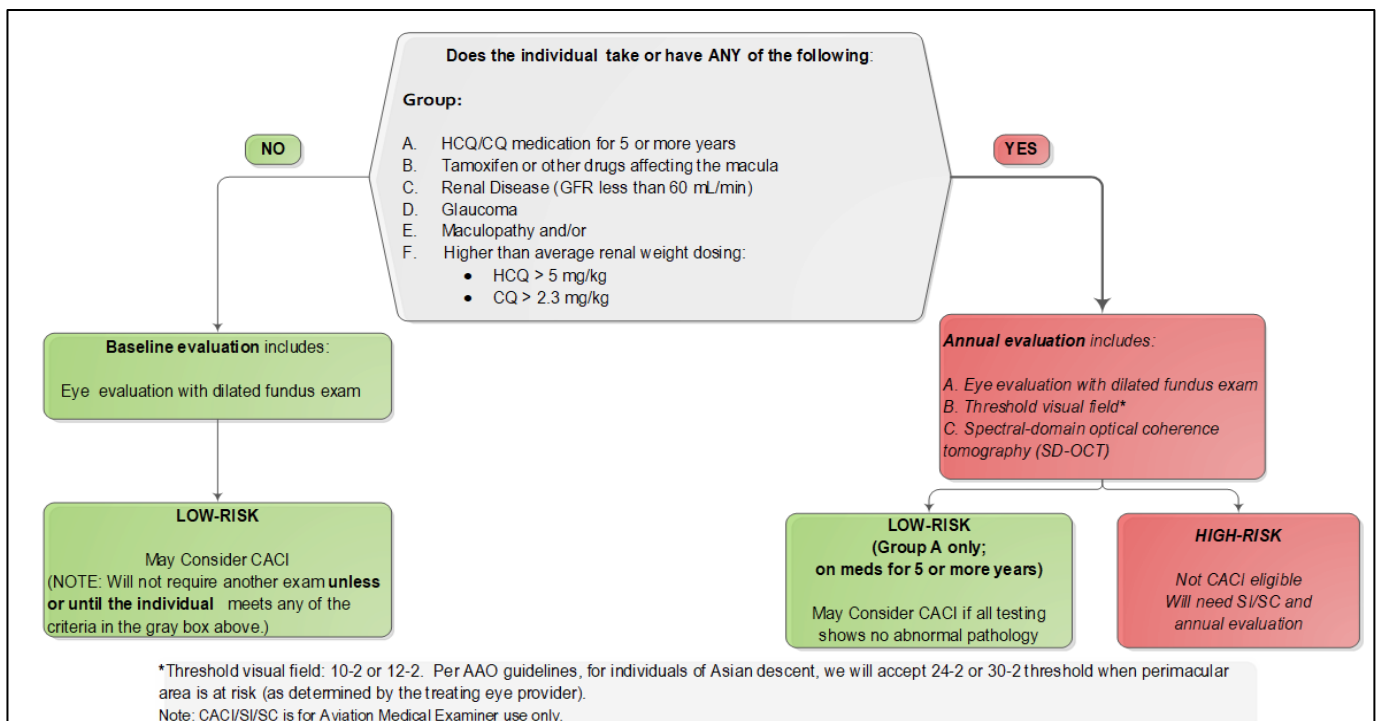
(Plaquenil/Aralen) (Updated 09/25/2024)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Applicant ID# \_\_\_\_\_ PI# \_\_\_\_\_

Please have the ophthalmologist or optometrist who monitors your medication provide the requested information in the space provided. Return this status summary to your AME for electronic upload to the FAA.

1. Provider printed name/title: \_\_\_\_\_ Phone number \_\_\_\_\_
2. Date hydroxychloroquine (HCQ) or chloroquine (CQ) treatment initiated \_\_\_\_\_
3. Date of most recent HCQ/CQ screening \_\_\_\_\_
4. Type of screening: ☐ **Baseline** or ☐ **Annual**
5. Screening result: ☐ **Low-Risk** or ☐ **High-Risk**



6. Evidence of bull's-eye lesion or other macular/extra-macular retinopathy: ☐ Yes ☐ No
7. Abnormality on automated threshold visual field testing, if indicated: ☐ Yes ☐ No ☐ N/A
8. Abnormality on Spectral-domain optical coherence tomography (SD-OCT), if indicated: ☐ Yes ☐ No ☐ N/A
9. Any other eye pathology, symptoms, color vision loss, or clinical concerns? ☐ Yes ☐ No

Explain any "yes" items here:

Treating Provider Signature \_\_\_\_\_

Date \_\_\_\_\_