## 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.	
Provider printed name/title:	Phone number
Date hydroxychloroquine (HCQ) or chloroquine (CQ) treatment initiated	
Date of most recent HCQ/CQ screening	
4. Type of screening:   ☐ Baseline or ☐ Annual	
5. Screening result: □ Low-Risk or □ High-Risk	
Does the individual take or have  Group:  A. HCQ/CQ medication for 5 or more B. Tamoxifen or other drugs affecting C. Renal Disease (GFR less than 60 or D. Glaucoma E. Maculopathy and/or F. Higher than average renal weight  • HCQ > 5 mg/kg • CQ > 2.3 mg/kg  • CQ > 2.3 mg/kg  • CQ > 2.3 mg/kg  • Threshold visual field: 10-2 or 12-2. Per AAO guidelines, for individuals area is at risk (as determined by the treating eye provider). Note: CACI/SI/SC is for Aviation Medical Examiner use only.	years the macula mL/min)  dosing:  Annual evaluation includes:  A. Eye evaluation with dilated fundus exam B. Threshold visual field* C. Spectral-domain optical coherence tomography (SD-OCT)  LOW-RISK (Group A only; on meds for 5 or more years)  May Consider CACI if all testing shows no abnormal pathology  HIGH-RISK  Not CACI eligible Will need SI/SC and annual evaluation
6. Evidence of bull's-eye lesion or other macular/extra-mac	cular retinopathy: □ Yes □ No
7. Abnormality on automated threshold visual field testing,	if indicated: ☐ Yes ☐ No ☐ N/A
<ol><li>Abnormality on Spectral-domain optical coherence tomo (SD-OCT), if indicated:</li></ol>	ography □ 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