

PLAQUENIL STATUS REPORT

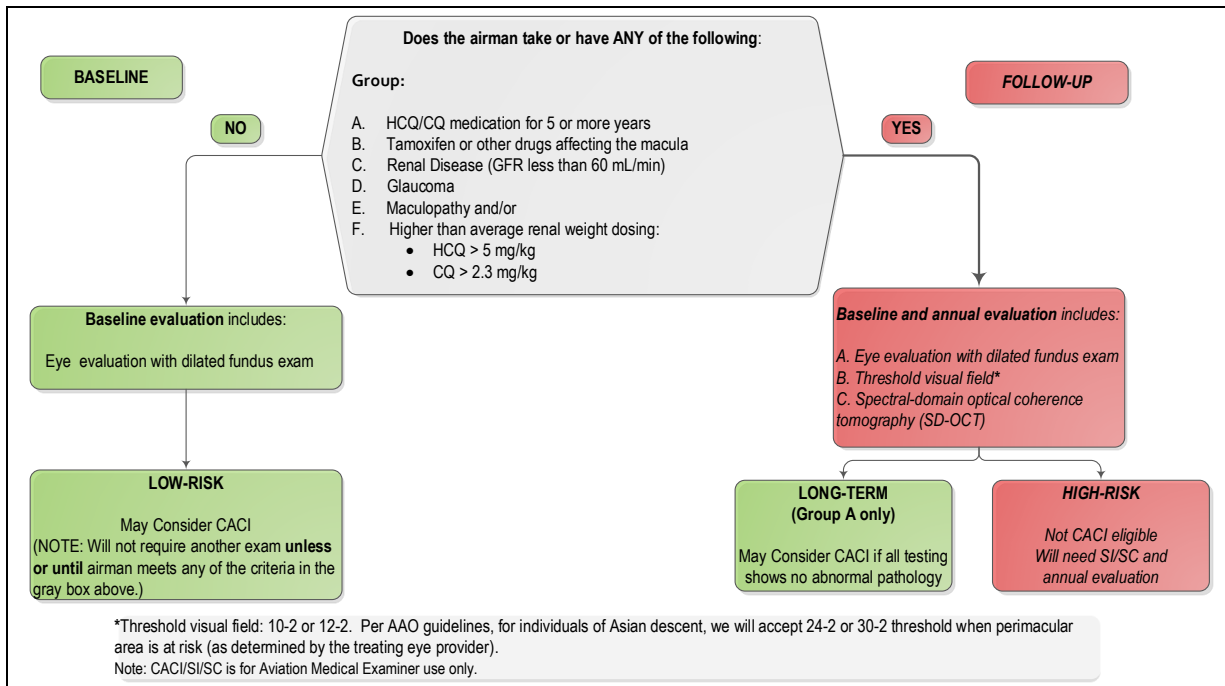
(Use for hydroxychloroquine/Aralen/chloroquine)
(Updated 05/25/2022)

Name _____ Date of Birth _____
 MID# _____ Applicant ID# _____ PI# _____

The treating ophthalmologist or optometrist must complete this status report. The Airman must provide this document and copies of all required tests (see below) to AME or directly to the FAA:

Using US Postal Service: Federal Aviation Administration Aerospace Medical Certification Division AAM-300 Mike Monroney Aeronautical Center PO BOX 25082 Oklahoma City, OK 73125	OR	Using special mail (UPS, FedEx, etc.): Federal Aviation Administration Aerospace Medical Certification Division-AAM-300 Civil Aerospace Medical Institute, Building 13 6700 S. MacArthur Boulevard, Room 308 Oklahoma City, OK 73169
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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 **Follow-up**



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

Treating Provider Signature _____ Date _____
 Modified from [2016 American Academy of Ophthalmology \(AAO\) guideline recommendations](#)