

DIABETES MELLITUS TYPE I OR TYPE II INSULIN TREATED - CGM OPTION

D. INFORMATION SUBMISSION REQUIREMENTS

AIRMAN'S NAME _____ PI# or ID# _____

This document is for pilot or AME use. DO NOT SUBMIT TO THE FAA

Frequency		Initial	At 3 Months	At 6 months	At 9 months	Every 12 months	Every 5 years
Month/Year Due							
Endocrinologist Evaluation (in person visit) At 3 and 9 months, this can be from a midlevel (PA/NP) virtual or in person							
Monthly CGM printouts							
L A B O R A T O R Y	A1C						
	CBC						
	Lipids						
	Liver Function Tests (LFTs)						
	Microalbumin						
	Renal (creatinine/BUN/eGFR)						
	TSH						
	B12 (if indicated) Potassium (if indicated)						
Eye evaluation Must be done by board-certified ophthalmologist (M.D. or D.O.). Exam by optometrist (O.D.) is NOT acceptable.							
Cardiac Risk Evaluation (initial eval with cardiologist and requires ECG for all ages)							
Cardiac Risk Evaluation AGE 40 AND OLDER with cardiologist							
Cardiac Risk Evaluation UNDER AGE 40 with endocrinologist or cardiologist						Every 24 months	
Stress Test Age 40 and every 5 years							

Submit all INITIAL info to the FAA for consideration.

SUBMIT ALL NEW ITEMS (left of this line) to the FAA every 6 months as one package.

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