

# Obstructive Sleep Apnea (OSA) Treated Status Report

(Updated 05/27/2026)

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

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

PI# \_\_\_\_\_

**AIRMAN (Pilot/ATCS).** Complete #1 & #2. Sign, date, and take to your physician or healthcare provider who treats your OSA. After completion, bring to your AME for upload into your FAA file.

#1.  Initial review (First time reported to the FAA)      Date of sleep study \_\_\_\_\_  
 Recertification (I have an SI/SC)

#2.  I have been using for OSA as prescribed:  CPAP     PAP     Dental Device

I am tolerating therapy well and have no symptoms of OSA (e.g., daytime sleepiness, lack of mental attention or concentration, or cognitive impairment).

Signature \_\_\_\_\_ Date \_\_\_\_\_

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### If you are the physician or provider treating this individual:

Review all clinical data, complete, sign, and date this report, or submit a [current, detailed Clinical Progress Note](#) that addresses ALL items below. For FAA purposes, initial untreated AHI of 15 or higher requires treatment with a PAP device.

Initial **untreated** Apnea Hypopnea Index (AHI) \_\_\_\_\_

1. Is the <b>PRIMARY diagnosis</b> uncomplicated Obstructive Sleep Apnea (OSA)? If <b>NO</b> , identify diagnosis (central sleep apnea, restless legs syndrome, narcolepsy, insomnia, etc. See that disposition table).	<b>YES</b>	<b>NO*</b>
2. <b>Does the individual fly/work safely?</b> For example, they do NOT use medication from the "Do Not Issue/Do Not Fly" list (e.g., trazodone, ropinirole) or any sleep aid such as (zolpidem, eszopiclone) chronically, more than two times per week, or do not comply with "no fly" periods. If not safe, document why and the medication name, dosage, frequency, and the reason for use. <b>Diphenhydramine (Benadryl) is not encouraged as a sleep aid.</b> If using, do not fly or perform Safety Related Duties for minimum of 60 hours after last use.	<b>YES</b>	<b>NO*</b>
3. The current treatment is effective and well-tolerated with no symptoms such as daytime fatigue or cognitive impairment, and <b>I have no clinical concerns.</b>	<b>YES</b>	<b>NO*</b>
4. Is there evidence of adequate compliance? For FAA purposes this means: <ul style="list-style-type: none"><li>• 75% or more of nights used;</li><li>• 6-hours or more per night on average; current average _____ hours of sleep nightly;</li><li>• AHI 5 or less (treated);</li><li>• For a dental device, no symptoms and daily use of device.</li></ul>	<b>YES</b>	<b>NO*</b>

\*If any concerns with the quality or duration of sleep, or "NO\*" answers you MUST DEFER or contact AAM. Upload any Clinical Progress Notes or PAP Data.

Physician or treating provider signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name or office name \_\_\_\_\_ Office phone number \_\_\_\_\_

**AME Instructions.** Upload this document as "OSA TREATED STATUS REPORT".  
If uploading the sleep study, use "OSA - Sleep Study".

- If not currently on an authorization, the AME can issue a medical certificate (see OSA Protocol) if all items are in the "YES" column. Upload this page and the FAA may issue an authorization.
- If on an authorization, all items are in the "YES" column, and you have no concerns, issue a medical certificate (if otherwise qualified) with a time limitation of one year. (follow the authorization letter instructions)