

SARCOID or SARCOIDOSIS STATUS SUMMARY

(Updated 09/24/2025)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Please have the **pulmonologist or physician** who treats your Sarcoid/Sarcoidosis **complete, sign, and date** this sheet or submit a [current, detailed Clinical Progress Note](#) that addresses ALL items below.

- For pilots, return the completed status summary (or equivalent Detailed Clinical Progress Note) to your AME.
- For air traffic control specialists, return this status summary to your Regional Flight Surgeon's Office

1. Stage 2 Pulmonary Sarcoid/sarcoidosis or higher?
2. ANY other organ involvement?
3. Symptomatic or in remission for less than 2 years?
4. Required oral corticosteroids or systemic immunosuppression (ever)?..
5. Any evidence of heart block or arrhythmia?
6. Tuberculosis testing positive?
7. Any clinical concerns?.....

NO (Stage 1)	YES * (2 or higher)
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*
NO	YES*

***If any YES answers, please attach narrative, tests, etc.**

Treating Provider Signature

Date

Name or Office Stamp

Phone Number

Note: If you are diagnosed with Pulmonary stage 2 or above, or if any other organs are affected, please consult the disposition table to find the list of additional required documents.

AME Actions:

- If all items fall into the **NO** category, the AME may issue a medical certificate, if otherwise qualified. Submit this Summary, or the actual detailed clinical progress note(s), and all supporting documentation reviewed to the FAA.
- If any items fall into the **YES*** category, the evaluator should explain. The AME must defer. Additional evaluation may be required. See disposition table Row B.