

Typical Atrial Flutter Treated with Ablation Status Summary

(Updated 01/28/2026)

Name: _____ Birthdate: _____
Applicant ID: _____ PI#: _____

Please have your **Cardiologist** provide the requested information in the space provided. Submit this summary or a detailed Clinical Progress Note describing all of the information below to your AME for upload into your FAA file:

- Pilots: Submit either this summary or all supporting documentation addressing each item to your AME for electronic upload to the FAA.
- ATCS: Submit the information to your Regional Flight Surgeon's Office.

1. Was the individual diagnosed with TYPICAL Atrial Flutter?

YES	NO*

2. Were they successfully ablated 2 or more years ago?

Date of Ablation _____

3. Did a holter monitor or similar test performed at least 90 days **after the ablation** verify no new Atrioventricular Conduction abnormalities, no atrial fibrillation, and the Typical Atrial Flutter was successfully ablated?

4. Medications. Has this patient been evaluated and determined not to require any type of antiarrhythmic medication, and you have not recommended any?

5. Are you without clinical concerns with this individual?

Treating Cardiologist Signature

Date of Evaluation

Name or Office Stamp

Phone Number

AME: If **ALL** items fall into the clear "YES" column, the AME may issue.

If **Any Single** Item falls into the shaded "NO" column, the **AME MUST DEFER**. The AME should note what aspect caused the deferral and explain any "NO" answers. Attach the most recent detailed Clinical Progress Note(s) which addresses these items.

NOTE: This Status Summary is NOT required (clinical records may be submitted); however, it will help to streamline and significantly DECREASE FAA review time.