

WEIGHT LOSS MANAGEMENT or PREDIABETES STATUS REPORT

(Updated 09/27/2023)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Please have the provider who prescribes your medication for weight loss or prediabetes enter the information in the space below. Return the completed status report to your AME to upload into your FAA file.

Reason for taking this medication:

☐ Prediabetes/hyperglycemia ☐ Weight loss management

Date of last clinical encounter _____

Date of most recent MEDICATION change _____

1. Hemoglobin A1C lab value and date.....
(A1C lab value must be within 90 days of AME exam.)

2. Any side effects from medications?.....
(If taking GLP-1, verify no psychiatric side effects.)

3. ANY episode of hypoglycemia in the past year?.....

4. Does this patient take ANY form of insulin?.....

5. Any clinical concerns?.....

A1C	Date
NO	YES*
NO	YES*
NO	YES*
NO	YES*

6. List ALL current medications (for any condition).

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

Treating Provider Signature

Date

Name or Office Stamp

Phone Number

Note: If diagnosed with diabetes, see www.faa.gov/go/diabetic.
If taking insulin, see www.faa.gov/go/ITDM