

DIABETES or HYPERGLYCEMIA ON MEDICATIONS STATUS REPORT

(Updated 01/28/2026)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

If you take any type of insulin. STOP. Do not use this page. Go to www.faa.gov/go/insulin to find the correct documents.

Please have the provider who treats your diabetes enter the information in the space below.
Return the completed status report to your AME for upload into your FAA file.

1. Provider printed name _____ and phone # _____
2. Date of last clinical encounter for diabetes _____
3. Date of most recent DIABETES MEDICATION change _____
4. Hemoglobin A1C lab value _____ and date _____
(A1C lab value must be taken more than 30 days after medication change and within 90 days of re/certification)
5. List ALL current medications (for any condition) *

If YES is circled on any of the questions below, please attach narrative, tests, etc.

- | | | |
|---|-----|----|
| 6. Any side effects from medications | Yes | No |
| 7. ANY episode of hypoglycemia in the past year | Yes | No |
| 8. Any evidence of progressive diabetes induced end organ disease | | |
| Cardiac..... | Yes | No |
| Neurological..... | Yes | No |
| Ophthalmological..... | Yes | No |
| Peripheral neuropathy..... | Yes | No |
| Renal disease..... | Yes | No |
| 9. Does this patient take ANY form of insulin | Yes | No |
| 10. Any clinical concerns? | Yes | No |

Treating Provider Signature

Date

Note: Acceptable Combinations of Diabetes Medications and copies of this status report for future follow-ups can be found at www.faa.gov/go/diabetic.