

**DIABETES or HYPERGLYCEMIA ON ORAL MEDICATIONS
STATUS REPORT** (Updated 06/29/2022)

Name _____ Birthdate _____

Applicant ID# _____ PI# _____

Please have the provider who treats your diabetes enter the information in the space below. Return the completed status report to your AME or to the FAA at:

Using US Postal Service:	or	Using special mail (UPS, FedEx, etc.)
Federal Aviation Administration		Federal Aviation Administration
Aerospace Medical Certification Division AAM-313		Aerospace Medical Certification Division-AAM-313
Mike Monroney Aeronautical Center		Civil Aerospace Medical Institute, Bldg. 13
PO Box 25082		6700 S. MacArthur Blvd, Room 308
Oklahoma City, OK 73125		Oklahoma City, OK 73169

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.