

# NON-VALVULAR ATRIAL FIBRILLATION (AFIB)/A-FLUTTER RECERTIFICATION STATUS SUMMARY

(Updated 09/27/2023)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Applicant ID# \_\_\_\_\_ PI# \_\_\_\_\_

**Instructions:**

- Please have the **cardiologist** who treats your AFib or A-Flutter **complete, sign, and date** this sheet or submit a [current, detailed Clinical Progress Note](#) that addresses ALL items below.
- Return this sheet (or a current, Detailed Clinical Progress note from the cardiologist) **AND a current cardiac monitor report** to your AME for electronic upload to the FAA:

1. **Has the patient's condition worsened within the past year?** (Check YES\* if there are any required or recommended treatment changes, procedures, if stroke risk factors [e.g., hypertension and hyperlipidemia] have not been well controlled, any bleeding episodes requiring medical attention, or other concerns.).....
2. Is there a definitive or suspicious history for stroke, TIA, or any other thromboembolic event?....
3. **Is treatment for AFib/A-Flutter currently indicated?** If YES\*, identify reason(s) AND treatment\* (circle): Symptoms    Rate control    Rhythm control    Other \_\_\_\_\_  
Treatment \_\_\_\_\_

4. What is your patient's **current CHA2DS2-VASc score?** (circle components for score).....

Congestive heart failure	1	Vascular disease (prior MI, PAD, or aortic plaque/atheroma)	1
Hypertension	1	Age 65-74	1
Age > = 75	2	Female (Male = 0)	1
Diabetes mellitus	1		
Previous stroke/TIA/TE	2		

5. If CHA2DS2-VASc is **2 or more**, is the patient treated with NOAC/DOAC, LAA closure, or warfarin/Coumadin? Warfarin/Coumadin requires 6 weeks of stabilization with 80% of INRs between 2.0 and 3.0. Submit a copy of the last 6 monthly INR values.  
If other [emboli mitigation strategy](#) utilized, describe: \_\_\_\_\_

6. Does a current **≥ 24hr cardiac monitor** show poor rate control or is the patient functionally symptomatic? (Address any concerns if average heart rate is > 100, maximum [non-exercise] is > 120, or a single pause is > 3 seconds. You must **submit the 1-page computerized summary and the representative full-scale multi-lead ECG tracings, even if findings are normal.**)
7. Is the patient non-compliant or not tolerating AFib/A-Flutter treatment and/or emboli mitigation medication? (Also check YES\* if significant side effects.) .....
8. Describe any significant clinical history changes since last evaluation, any YES\* items, or other concerns:  
\_\_\_\_\_  
\_\_\_\_\_

NO	YES*
NO	YES*
NOT indicated OR NO problems With treatment	YES* Indicated but NOT being treated*
CHA2DS2- VASc score	
Treatment NOT indicated OR treatment goals met	*Indicated but NOT treated OR goals NOT met
NO	YES*
NO	YES*

\_\_\_\_\_  
Cardiologist Signature

\_\_\_\_\_  
Date of evaluation

Pilot/ATCS: When completed, give **all items below** to your AME to upload to the FAA:

- A copy of this AFib/A-Flutter Status Recertification Summary OR a current, detailed Clinical Progress Note (with ALL required information) from your physician;
- A copy of the most recent 24-hour ambulatory monitor (such as a Holter), **1-page computerized summary, and the representative full-scale multi-lead ECG tracings**; and
- If YES\* answers are not fully explained above, you must provide a copy of the corresponding current, detailed Clinical Progress Note from your cardiologist which fully addresses all the items on this sheet.**

**IF ANY ANSWER FALLS IN YES\* COLUMN ABOVE, THE AME MUST DEFER.**