PLAQUENIL STATUS REPORT

(Use for hydroxychloroquine/Aralen/chloroquine)

(Updated 05/25/2022)

Name _____ Date of Birth _____

MID#_____ Applicant ID# _____ PI#_____

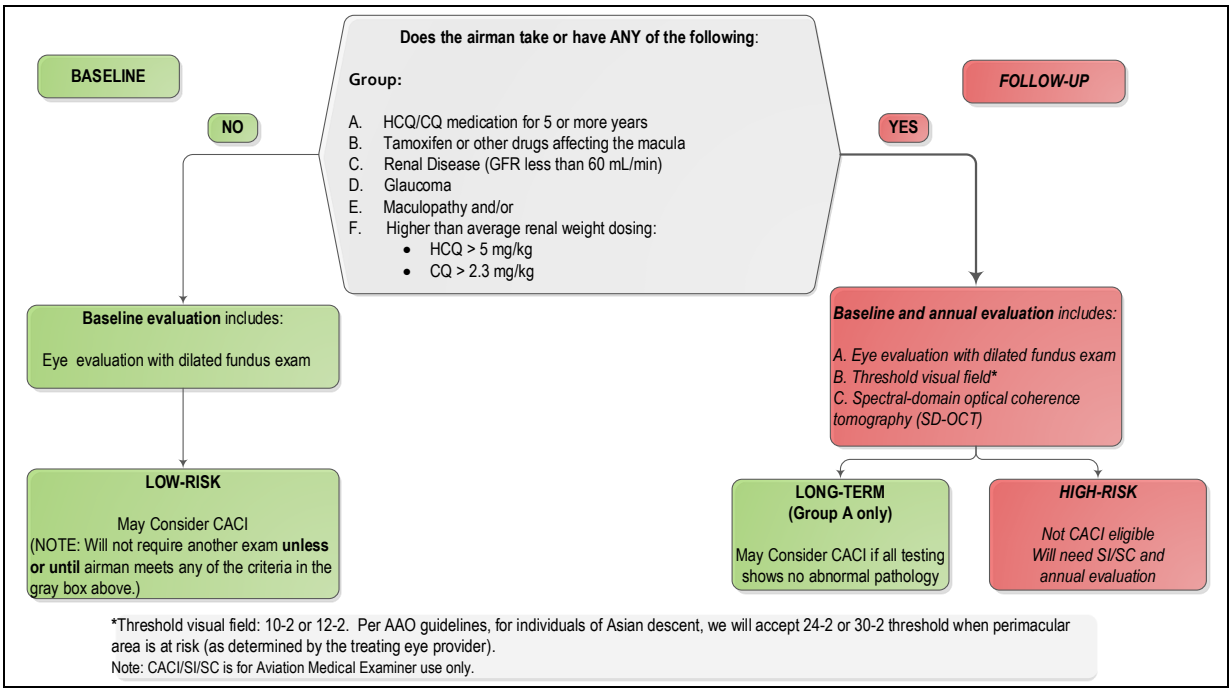
The treating ophthalmologist or optometrist must complete this status report. The Airman must provide this document and copies of all required tests (see below) to AME or directly to the FAA:

Using US Postal Service:
Federal Aviation Administration
Aerospace Medical Certification Division AAM-300
Mike Monroney Aeronautical Center
PO BOX 25082
Oklahoma City, OK 73125

OR

Using special mail (UPS, FedEx, etc.):
Federal Aviation Administration
Aerospace Medical Certification Division-AAM-300
Civil Aerospace Medical Institute, Building 13
6700 S. MacArthur Boulevard, Room 308
Oklahoma City, OK 73169

1. Provider printed name/title: _____ Phone number _____
2. Date hydroxychloroquine (HCQ) or chloroquine (CQ) treatment initiated_____
3. Date of most recent HCQ/CQ screening _____
4. Type of screening: ☐ **Baseline** or ☐ **Follow-up**



5. Evidence of bull's-eye lesion or other macular/extra-macular retinopathy: ☐ Yes ☐ No
   If yes, explain: _____
6. Abnormality on automated threshold visual field testing: ☐ Yes ☐ No
   If yes, explain: _____
7. Abnormality on Spectral-domain optical coherence tomography (SD-OCT): ☐ Yes ☐ No
   If yes, explain: _____
8. Any other eye pathology, symptoms, color vision loss, or clinical concerns? ☐ Yes ☐ No
   If yes, explain: _____

Treating Provider Signature _____ Date _____

Modified from 2016 American Academy of Ophthalmology (AAO) guideline recommendations