

**NON-VALVULAR ATRIAL FIBRILLATION (AFIB)/A-FLUTTER
RECERTIFICATION STATUS REPORT**

(Updated 06/29/2022)

Name: _____ **Birthdate:** _____

Applicant ID: _____ **PI:** _____

Please have the **cardiologist** who treats your AFib or A-Flutter complete this report (or submit a clinic summary that addresses all items below) AND a cardiac monitor report. Return the completed status report (or a clinic summary) AND cardiac monitor report to your AME or mail to the FAA at:

Using regular mail (US Postal Service)	Using special mail (FedEx, UPS, etc.)
Federal Aviation Administration Civil Aerospace Medical Institute, Building 13 Aerospace Medical Certification Division, AAM-313 PO Box 25082 Oklahoma City, OK 73125-9914	Federal Aviation Administration Medical Appeals Section, AAM-313 Aerospace Medical Certification Division 6700 S MacArthur Boulevard, Room B-13 Oklahoma City, OK 73169

1. Describe the clinical history since the last evaluation:

2. Is there a definitive or suspicious history for stroke, TIA, or other thromboembolic event?

☐ **No** ☐ **Yes/Explain:**

3. Have there been any AFib/A-Flutter procedures performed which were not previously reported?

☐ **No** ☐ **Yes/Explain:** (Include procedure dates):

4. Does a current ≥ 24 hr cardiac monitor show good rate control and is your patient functionally asymptomatic? (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.)

☐ **Yes** ☐ **No/Explain:**

5. Is treatment for AFib/A-Flutter currently indicated?

☐ **No** ☐ **Yes (If yes, see 5a.)**

5a. If treatment indicated, is patient currently on such treatment? ☐ **No/Explain** ☐ **Yes/Explain**

(If indicated but not treated, explain. If treated, describe exact methodology, including medication and dosage, and reasons for treatment - e.g. symptom, rate, and/or rhythm control.)

6. Were any treatment changes made or recommended in the last year?

☐ No ☐ Yes/Explain:

7. What is your patient's current [CHA2DS2-VASc score](#)? _____

8. Is [emboli mitigation strategy](#) indicated/applicable?

(Include medication, dosages, and copy of the last 6 monthly INR values if warfarin/Coumadin is used. CHAD2DS2-VASc score of 2 or more should be emboli mitigated with warfarin/Coumadin, NOAC/DOAC, or LAA closure. Warfarin/Coumadin requires 6 weeks of stabilization with 80% of INRs between 2.0 and 3.0. If otherwise, explain.)

☐ No ☐ Yes/Explain

9. Are other stroke risk factors (e.g. hypertension and hyperlipidemia) well controlled?

☐ Yes ☐ No/Explain:

10. Is your patient tolerating AFib/A-Flutter treatment and/or emboli mitigation medication, if indicated, without complication or side effect?

☐ N/A ☐ Yes ☐ No/Explain:

Cardiologist Printed Name and Credentials: _____ Phone #: _____

Cardiologist Signature _____ Date _____