OSA STATUS REPORT- INITIAL (Page 1 of 2)

(Updated 09/29/2021)

Name _____ Birthdate _____

Applicant ID#_____ PI# _____

Please have your treating physician complete this report with the requested information. Submit either this status report or a clinic note from your physician detailing **ALL** of the information below. **Include initial sleep study** report and, **if treated with PAP device(s), include a copy of the most recent PAP download(s).** Submit all items to your AME or to the FAA:

Federal Aviation Administration
Civil Aerospace Medical Institute, Building 13
Aerospace Medical Certification Division, AAM-300, PO Box 25082
Oklahoma City, OK 73125-9867

1. Date of **Initial or most recent** diagnostic sleep study……	/ /	
2. Type of study (in-lab type I or home type II, III, or IV)……..		
3. **Is the PRIMARY diagnosis Obstructive Sleep Apnea (OSA)?**..... If NO, list diagnosis (e.g. central sleep apnea, restless legs syndrome (RLS), narcolepsy, insomnia, etc.)_____	Yes	No*
4. Any evidence of sleep-disruptive RLS……	No	Yes*
5. Periodic limb movements per hour (number)……		
6. Central apneas or central hypopneas per hour (number)……..……		
7. Percentage of total apnea and hypopnea episodes that are central……..		%
8. **Initial Apnea Hypopnea Index (AHI)**.....		
9. Does the airman have other conditions that may be associated w/increased risk for OSA?..... If YES, circle any applicable conditions below:	No	Yes*

a. Atrial Fibrillation or arrhythmia
b. Congestive heart failure
c. Coronary Artery Disease (CAD)
d. Diabetes
e. Hypertension (Treatment refractory; incomplete blood pressure control on 3 or more medication components.)
f. Obesity
g. Stroke
h. Other _____
_____

10. What is the recommended treatment? (Circle all that apply)

a. PAP (CPAP/BiPAP/APAP). (For FAA purposes, PAP device is required for **AHI 16 or higher**.)
b. Dental device
c. Nerve stimulator device
d. Surgical intervention
e. Weight loss, positional therapy (conservative management)
f. Other
g. No treatment indicated

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11. Does the airman use any sleep or sedating medications? ……
(e.g. zolpidem, eszopiclone, trazodone, ropinirole, gabapentin, pramipexole, diphenhydramine.)
If YES, list medication name, dosage, frequency, and reason for use. _____

_____

12. If treatment **other** than PAP used, list type ⇨ then go to Question 18.....

CURRENT PAP/CPAP/BIPAP/APAP COMPLIANCE REPORT DATA:

13. Date range of use…..

14. Device usage report: Based on the PAP device's current report, enter number of days the PAP device was actually used and the total number of days the PAP device report covers.*……
*FAA medical certification is based on treatment for 365 days or 30 days for newly diagnosed/ treated. If less time represented, describe. _____

_____

15. Usage days - total percentage of days used……
Note: **75% or more** is acceptable. If less than 75%, comment required.*

16. Usage hours - average usage (days used).....
Note: **6 hours or more** is acceptable. If less than 6, comment required.*

17. Therapy - AHI.....
Note: **5 or less** is acceptable. If 6 or higher, comment required.*

⇨ **18.** Is current treatment effective* with good control of symptoms, good compliance with therapy, and should be continued?……
*Subjective screen (Epworth or similar), objective data (residual AHI and device leak, if applicable), and clinical exam reveal NO concern for residual daytime sleepiness.

No	Yes*

Type of treatment used

From	To

# of days actually used	# of days covered in report

Percentage days used

Hours	Minutes

AHI

Yes	No*

19. *Explain any required responses and/or add any additional comments here:

_____ _____
Treating physician signature Date

Note: This OSA INITIAL Status Report is NOT required; however, it will help to significantly DECREASE FAA review time.

Pilots, when completed, send all items below as one package:

- ☐ A copy of this OSA Status Report - Initial or a clinical note (with ALL required information) from your physician;
- ☐ A copy of your most recent sleep study (used for diagnosis); and
- ☐ Compliance data from PAP device representing 30 days if new diagnosis (may consider minimum of 2 weeks if data verifies excellent compliance, effective treatment, and resolved symptoms) OR 365 days if previously diagnosed and treated.