

FAA HYPERTENSION STATUS REPORT

Pilot: _____
Date of Birth: ___/___/_____
Today's Date: ___/___/_____

Treating Physician: _____

Medication(s) and dosage:

1. _____
2. _____
3. _____

Recent representative Blood Pressures:

Date: ___/___/_____	BP: ___/___
Date: ___/___/_____	BP: ___/___
Date: ___/___/_____	BP: ___/___

Medications tolerated without side effect(s)? ___ Y ___ N

Side effects (if any): _____

Evidence of end organ effect of hypertension? ___ Y ___ N

Cardiac disease?
Peripheral arterial disease?
Ocular or Renal disease?

Appropriate lab testing if deemed necessary by treating physician:

Serum Potassium if treated with diuretic: _____

Additional comments by physician:

Treating Physician Signature: _____

Date: ___/___/_____