

## 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: \_\_\_/\_\_\_/\_\_\_\_\_

Physician's Name (print):  
\_\_\_\_\_

Physician's Address:  
\_\_\_\_\_