MEDICAL RECORD - SUPPLEMENTAL MEDICAL DATA

For use of this form, see requiring document. Form is not valid without Requiring Document, Issuance Date, Local Form Number, and Edition Date

REQUIRING DOCUMENT *(Title and Number)*	ISSUANCE DATE
Aeromedical Reference and Waiver Guide	30 August 2015

LOCAL FORM TITLE

WS-HTN (Hypertension Worksheet)

Submit this completed form, **electronic Aeromedical Summary** (you may use N/A in fields other than Disqualifying Conditions fields) and current physical exam to NAMI Code 53HN via AERO. If desired, contact NAMI Code 53HN to expedite processing.

NEW WAIVER REQUEST

☐ Health record reviewed and aeromedical status checked. Member is in compliance with all previous waivers and/or physical exam submission requirements.

☐ Cardiac Risk Factors have been reviewed and evaluated. Member has been counseled on risks and current treatment guidelines. Consider 10-year risk calculation: http://www.cvriskcalculator.com/

Effect of therapy:

3-5 Day BP Average (with therapy): /

	Yes	No
*Is BP consistently <140/90 with therapy?	☐	✔
*Is fundoscopic exam normal?	☐	✔
Lab review:		
*Is Chem 7/BMP normal?	☐	✔
*Is CBC normal?	☐	✔
*Is TSH normal?	☐	✔
*Is UA NEG for protein, blood, glucose?	☐	✔
*Is ECG NOT suggestive of LVH?	☐	✔

Diagnosis:

401.91 Benign essential hypertension

V58.69 Long term use of medications

Medication:

LISINOPRIL 20 MG

Aeromedical disposition:

NPQ/AA DIF SG1 , WR annual submission

Member's commanding officer is aware of and concurs with waiver recommendation.

	Yes	No
Member issued 90 day up chit via LBFS?	✔	☐

With your digital signature, you are certifying that all above is true. Errors/omissions may be brought to attention of your clinical supervisor and/or privileging authority.

Flight Surgeon digital signature:

Any other comments should be included in discussion section of AERO AMS.

***If no, or if member previously grounded by Waiver Authority, do not use this worksheet, fully describe case in AMS in AERO, LBFS not authorized.**

CONTINUATION REQUEST

☐ Health record reviewed and aeromedical status checked. Member is in compliance with all previous waivers and/or physical exam submission requirements.

☐ Cardiac Risk Factors have been reviewed and evaluated. Member has been counseled on risks and current treatment guidelines. Consider 10-year risk calculation: http://www.cvriskcalculator.com/

	Yes	No
*Is BP consistently <140/90 with therapy?	☐	✔
Lab review:		
*Is Chem 7/BMP normal?	☐	✔
*Is CBC normal?	☐	✔
*Is TSH normal?	☐	✔
*Is UA NEG for protein, blood, glucose?	☐	✔
*Is ECG NOT suggestive of LVH?	☐	✔

Diagnosis:

401.91 Benign essential hypertension

V58.69 Long term use of medications

Medication:

LISINOPRIL 20 MG

Aeromedical disposition:

NPQ/AA DIF SG1 , WR-continue annual submission

Member's commanding officer is aware of and concurs with waiver recommendation.

With your digital signature, you are certifying that all above is true. Errors/omissions may be brought to attention of your clinical supervisor and/or privileging authority.

Flight Surgeon digital signature:

Any other comments should be included in discussion section of AERO AMS.

***If no, or if member previously grounded by Waiver Authority, do not use this worksheet, fully describe case in AMS in AERO, member is med down until NAMI review completed.**

Date		**Name**	
Aviation Duty		**AERO Encounter ID**	