

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) Aeromedical Reference and Waiver Guide	ISSUANCE DATE 30 August 2015
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LOCAL FORM TITLE

WS-IFG (Impaired fasting glucose 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.
- Nutrition counseling completed.
- Family Medicine or Internal Medicine visit completed.

Yes No

***Is fundoscopic exam normal?**

Lab review:

- *Has fasting blood sugar been repeated and confirmed to be persistently ≥ 100 ?
- *Is CMP normal (other than glucose)?
- *Is TSH normal?
- *Is HGB A1C < 6.5 ?
- *Is UA NEG for protein, blood, glucose?
- *Has lipid panel been collected?

Diagnosis:

790.21 Impaired fasting glucose

Aeromedical disposition:

NPQ/AA DIF _____, 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.
- I have reviewed the member's BP, BMI, nutrition, and counseled him/her regarding adverse trends (if present).
- Family Medicine or Internal Medicine visit completed.

Yes No

Lab review:

- *Is fasting blood sugar ≥ 100 ?
- *Is CMP normal (other than glucose)?
- *Is TSH normal?
- *Is HGB A1C < 6.5 ?
- *Is UA NEG for protein, blood, glucose?
- *Has lipid panel been collected?

Diagnosis:

790.21 Impaired fasting glucose

Aeromedical disposition:

NPQ/AA DIF _____, 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
NMOTC xxxx/x (08-2015), Exception to NAVMED 6000/5 (09-2008)	Category: Treatment Page 1 of 1