

MIGRAINE AND TENSION HEADACHE WORKSHEET FOR APPLICANTS

To determine the applicant's need for an updated neurology specialty evaluation.
If the applicant **meets ALL of the acceptable criteria** listed below, the flight surgeon may submit the waiver request without an updated specialty consultation.
Include this completed worksheet and any other supporting clinical notes in the waiver request.

FS/APA/AME MUST REVIEW	ACCEPTABLE CRITERIA
A CURRENT, DETAILED HISTORY BY THE FLIGHT SURGEON VERIFIES:	Asymptomatic for > 5 years from any headache that meets the severity criteria outlined in ARWG 10.5. Severity criteria: 1. Interferes with or limits social, vocational, or academic activities. 2. Utilizes emergency department, hospital, or acute care for headache evaluation. 3. Associated with any neurologic or systemic symptoms such as impaired vision, hearing, balance or motor control. 4. Requires treatment beyond simple analgesics or non-pharmacologic methods for control. 5. Greater than two severe headache days per month.
TYPE OF HEADACHE	Migraine without aura OR Episodic tension headache
FREQUENCY AND SEVERITY	No history of in-patient hospitalizations for headaches No history of chronic migraine diagnosis or frequency of >15 headache days per month
SYMPTOMS	No history of symptoms that functionally impair vision NONE of the following: <ul style="list-style-type: none"> • Any neurological impairment or TIA-type symptoms • Auras WITHOUT headaches • Vertigo; syncope; or mental status change • Intractable nausea, vomiting, car or air sickness
IMAGING	No history of abnormal brain imaging
MEDICATIONS OR TREATMENTS	Resolved with lifestyle changes or over-the-counter medications ONLY OR Less than 1 year use of prescription abortive and/or prophylactic headache treatment. If more than one abortive or prophylactic for headache management was required, does NOT meet criteria. Year prescription medication(s) were stopped: _____ AND Off all prescription abortive or prophylactic migraine medications for > 5 years.

IF ANY OF THE ABOVE CRITERIA ARE NOT MET,
PLEASE REFER TO NEUROLOGIST FOR SPECIALTY EVALUATION PER ARWG 10.5 WAIVER REQUIREMENT.

FLIGHT SURGEON SIGNATURE:	DATE:
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