WS-HTN (HYPERTENSION WORKSHEET)

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

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: https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/

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:

Select or free type

Select or free type

MEDICATION:

AEROMEDICAL DISPOSITION:

NPQ/AA DIF Class III, 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 the 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: https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/

	YES	NO
*Is BP consistently <140/90 with therapy?	☐	☐
LAB REVIEW:		
*Is Chem 7/BMP normal?	☐	☐
*Is UA NEG for protein, blood, glucose?	☐	☐
*Is ECG NOT suggestive of LVH?	☐	☐

DIAGNOSIS:

Select or free type

Select or free type

MEDICATION:

AEROMEDICAL DISPOSITION:

NPQ/AA DIF Class III, 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 the 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		**DOD ID #**	

Category: Treatment

CLEAR FORM