

**LOCAL FORM TITLE**  
**WS - OBSTRUCTIVE SLEEP APNEA - CONTINUATION WAIVER**

REQUIRING DOCUMENT Aeromedical Reference and Waiver Guide	ISSUANCE DATE 01 July 2017
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Submit this completed form, electronic Aeromedical Summary (you may use N/A in filed other than Disqualifying conditions fields) and current physical exam to NAMI Code 53HN via AERO. If desired, contact NAME Code 53HN to expedite processing.

**PART A - DIAGNOSIS**

1. Obstructive Sleep Apnea (OSA) Treatment		10. Co-Morbid Conditions (Check if Present)	
a. Positive Airway Pressure (PAP)		a. Coronary Artery Disease	<input type="checkbox"/>
b. Surgical Treatment		b. Obesity (BMI >30)	<input type="checkbox"/>
c. Oral Appliance		c. Hypertension	<input type="checkbox"/>
2. Epworth Sleepiness Scale (ESS)**	/24	d. Atrial Fibrillation	<input type="checkbox"/>
3. Initial OSA Waiver Weight		e. Mood Disorder	<input type="checkbox"/>
4. Current Weight		f. Diabetes Mellitus	<input type="checkbox"/>
5. Percent Change in Weight		g. Erectile Dysfunction	<input type="checkbox"/>
6. Body Mass Index (BMI)		h. Other Co-Morbid Condition	<input type="checkbox"/>
7. Current Blood Pressure		11. Describe any Co-Morbid conditions:	
8. If patient is receiving PAP Therapy for OSA:			
a. 30-Day (PAP) Compliance Report Date:			
b. % of Nights ≥ 5 hours of use			
c. AHI			
9. Upload PAP Compliance Report into AERO	<input type="checkbox"/>		

\*\* A statement that the member has no symptoms of daytime sleepiness is required. The Epworth Sleepiness Score is commonly used to assess daytime sleepiness symptoms.

12. Flight Surgeon Name 13. Flight Surgeon Signature

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14. E-mail

Date: Patient Name:

Aviation Duty: Patient DOD or AERO ID#:

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**NMOTC 6410/15 11/2017**