

<b>LOCAL FORM TITLE</b> <b>WS - OBSTRUCTIVE SLEEP APNEA - INITIAL WAIVER</b>					
REQUIRING DOCUMENT Aeromedical Reference and Waiver Guide			ISSUANCE DATE 01 July 2017		
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.					
<b>PART A - DIAGNOSIS</b>					
1. Epworth Sleepiness Scale (ESS)**	/24	9. Co-Morbid Conditions (Check if Present)			
2. Current Weight		a. Coronary Artery Disease	<input type="checkbox"/>		
3. Body Mass Index (BMI)		b. Obesity (BMI >30)	<input type="checkbox"/>		
4. Current Blood Pressure		c. Hypertension	<input type="checkbox"/>		
5. Initial Sleep Study Date:		d. Atrial Fibrillation	<input type="checkbox"/>		
a. Apnea-Hypopnea Index (AHI)		e. Mood Disorder	<input type="checkbox"/>		
b. Respiratory Distress Index (RDI)		f. Diabetes Mellitus	<input type="checkbox"/>		
6. Upload a copy of the initial sleep study into AERO	<input type="checkbox"/>	g. Erectile Dysfunction	<input type="checkbox"/>		
7. Initial Positive Airway Pressure Titration (if performed) Date:		h. Other Co-Morbid Condition	<input type="checkbox"/>		
a. Pressure Setting (mmHg)		10. Describe any Co-Morbid conditions:			
b. AHI					
8. Upload a copy of the initial CPAP Titration into AERO	<input type="checkbox"/>				
<b>PART B - TREATMENT</b>					
11. Positive Airway Pressure (PAP)	12. Surgical Procedure		13. Oral Appliance		
a. 30-Day (PAP) Compliance Report Date:		a. Upload a Copy of the Operative Report into AERO	<input type="checkbox"/>	a. Upload a Copy of the Oral Appliance Office Note into AERO	<input type="checkbox"/>
b. % of Nights $\geq$ 5 hours of use		b. 6-week Post-Op Study Date:		b. 6-week Post-Oral Appliance Sleep Study Date:	
c. AHI		c. AHI		c. AHI	
		d. RDI		d. RDI	
d. Upload PAP Compliance Report into AERO	<input type="checkbox"/>	e. Upload A copy of the Sleep Study into AERO	<input type="checkbox"/>	e. Upload A copy of the Sleep Study into AERO	<input type="checkbox"/>
e. ESS **	/24	f. ESS **	/24	f. ESS **	/24
<b>PART C - TREATMENT EFFICACY (Vigilance Testing)</b>					
14. Preferred Method: Maintenance of Wakefulness Test (MWT), 40-min Protocol (Standard: Mean Sleep Latency (MSL) $\geq$ 35 min)		MSL= min			
Upload a copy of the MWT in AERO		<input type="checkbox"/>			
15. Alternative Method: Neuropsychological Evaluation that includes a test of sustained attention (for example, a Connor's CPT-II)				Passed	
Upload a copy of the Neuropsychological Evaluation 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.					
16. Flight Surgeon Name 17. Flight Surgeon Signature					
18. E-mail					
Date: Patient Name:					
Aviation Duty: Patient DOD or AERO ID#:					
Category: Treatment Page 1 of 1					

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**NMOTC 6410/14 11/2017**