

LOCAL FORM TITLE

WS-HTN (Hypertension Worksheet)

REQUIRING DOCUMENT (*Title and Number*)
Aeromedical Reference and Waiver Guide

ISSUANCE DATE
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: <http://www.cvriskcalculator.com/>

Effect of therapy:

3-5 Day BP Average (with therapy): /

	Yes	No
*Is BP <u>consistently</u> <140/90 with therapy?	<input type="checkbox"/>	<input type="checkbox"/>
*Is fundoscopic exam normal?	<input type="checkbox"/>	<input type="checkbox"/>
Lab review:		
*Is Chem 7/BMP normal?	<input type="checkbox"/>	<input type="checkbox"/>
*Is CBC normal?	<input type="checkbox"/>	<input type="checkbox"/>
*Is TSH normal?	<input type="checkbox"/>	<input type="checkbox"/>
*Is UA NEG for protein, blood, glucose?	<input type="checkbox"/>	<input type="checkbox"/>
*Is ECG NOT suggestive of LVH?	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis:

I10 Benign essential hypertension
 Z79.899 Long term use of medications

Medication:

LISINOPRIL 20 MG

Aeromedical disposition:

NPQ/AA DIF ^{SG1}, WR annual submission

Member's commanding officer is aware of and concurs with waiver recommendation.

Member issued 90 day up chit via LBFS? Yes No

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.
- Cardiac Risk Factors have been reviewed and evaluated. Member has been counseled on risks and current treatment guidelines. Consider 10-year risk calculation: <http://www.cvriskcalculator.com/>

*Is BP consistently <140/90 with therapy? Yes No

Lab review:

*Is Chem 7/BMP normal?	<input type="checkbox"/>	<input type="checkbox"/>
*Is CBC normal?	<input type="checkbox"/>	<input type="checkbox"/>
*Is UA NEG for protein, blood, glucose?	<input type="checkbox"/>	<input type="checkbox"/>
*Is ECG NOT suggestive of LVH?	<input type="checkbox"/>	<input type="checkbox"/>

Diagnosis:

I10 Benign essential hypertension
 Z79.899 Long term use of medications

Medication:

LISINOPRIL 20 MG

Aeromedical disposition:

NPQ/AA DIF ^{SG1}, 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

DOD ID #