Aviation Medicine Center

FAA Diabetes Form: Insulin Resistance, Impaired Fasting Glucose, Glucose Elevation/Intolerance

Patient Information

Patient's Name				/ /
	First	Last	Middle	Date of Birth

Vital Signs

Height	Weight	BP: (/)

Laboratory Values: Please Attach a Copy of the Laboratory Values

Note: HbA1c value must be more than 30 days after medication change and within the last 90 days

Hemoglobin A1c (equal to or > 9.0) =	Date	Creatinine (no > than 2.0) =	Date

Medication List

Acceptable Combinations of Diabetic Medications can be accessed at the following website:

http://www.faa.gov/about/office_org/headquarters_offices/avs/offices/aam/ame/guide/media/diabetesmeds_acceptablecomb.pdf

If the patient is on a Beta Blocker then the following medications are acceptable:

Metformin Acarbose Any of the Thiazolidinediones

	Medication	Dosage	Frequency
1.			
2.			
3.			
4.			

What Date was the Diabetes Mellitus Diagnosed?	/ /

Patient History

	YES	NO	N/A
Is this condition controlled with diet and exercise only?	❑	❑	❑
Does the patient take any form of insulin?	❑	❑	❑
Is this a case of diet controlled diabetes mellitus type II?	❑	❑	❑
Is this a case of insulin resistance?	❑	❑	❑
Is this a case of the metabolic syndrome?	❑	❑	❑
Does the patient take any medications for this condition?	❑	❑	❑
Have there been any hypoglycemic events since the diagnosis?	❑	❑	❑
Have there been any new changes to the original oral medication in the last 60 days?	❑	❑	❑
Is there any renal end stage disease (no evidence of renal insufficiency, Creatinine > 2.0)?	❑	❑	❑
Is there any evidence of any ophthalmological abnormalities other than prescription lenses?	❑	❑	❑
Is there any evidence of neurological abnormalities (peripheral neuropathy)?	❑	❑	❑
Is there any evidence of coronary artery disease?	❑	❑	❑
Is there any evidence of cerebrovascular complications or disease?	❑	❑	❑
Is there any evidence of peripheral vascular disease?	❑	❑	❑

Physician Name (Printed)	Physician Signature	Date / /

Jan 2019