Aviation Medicine Center

FAA Hypertension Form

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

Family Health History					
	YES	**NO**		**YES**	**NO**
Any history of hypertension	❑	❑	Any history of a stroke	❑	❑
Any history of open heart surgery	❑	❑	Any history of diabetes mellitus	❑	❑
Any history of a myocardial infarction	❑	❑	Any history of lung disease	❑	❑

Notice To The Physician
The FAA requires (3) blood pressure readings at least 24 hours apart:

	DATE			
1.	/ /	BP: (/)	Height	
2.	/ /	BP: (/)	Weight	
3.	/ /	BP: (/)	BMI	

Medication List

Combinations of up to 3 of the following are acceptable:

- **Alpha blockers**
- **Beta-blockers**
- **ACE inhibitors**
- **Calcium Channel Blockers**
- **Angiotensin II Receptor Antagonists**
- **And/or Diuretics are allowed.**

NOTE: Centrally acting antihypertensive medications are not acceptable.

	Medication	**Dosage**	**Frequency**
1.			
2.			
3.			

Patient History			
	YES	**NO**	**NA**
Does the patient meet the medical definition for hypertension?	❑	❑	❑
The patient's condition is stable on current regimen for at least **2 weeks** and no changes.	❑	❑	❑
Has the patient's cardiovascular status remained stable without any changes?	❑	❑	❑
Has the patient developed any side effects to the medication(s)?	❑	❑	❑
Is there any evidence of renal end stage disease (no evidence of renal insufficiency)?	❑	❑	❑
Is there any evidence of any ophthalmological abnormalities?	❑	❑	❑
Are there any neurological abnormalities (no peripheral neuropathy)?	❑	❑	❑
Is the patient's hypertension controlled with diet and exercise only?	❑	❑	❑

Physician Name (Printed)	Physician Signature	Date / /