

<i>AIRMEN NAME:</i>	<i>DATE:</i>
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FAA Annual Hypertension Evaluation Report

Evaluation must include a current status report describing the medications used and the dosages, the adequacy of blood pressure control demonstrated by 3 periodic blood pressure readings, the presence or absence of side effects, the presence or absence of end-organ complications and the results of any appropriate tests or studies.

► **Medications**

Prescription	Dose

► **Blood Pressure Readings**

	READING	DATE	TIME
1			
2			
3			

Potassium If on diuretic	Date: _____	Physician's signature: _____
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Physician's Statement: _____

Side Effects: _____

Organ Complications: _____

Appropriate Tests (If needed): _____

Physician's signature: _____ **Date:** _____

Physician Name Printed: _____

Practice Name and Address: _____

