

Chronic Hepatitis C Status Report Worksheet

Worksheet is to be completed by the patient's treating provider.

Patient Name: _____ DOB: _____

The condition is stable? Y N

Are any treatment changes recommended? Y N

If YES, what changes are recommended? _____

Any complications from having chronic Hepatitis C? Y N

If YES, what complications? _____

Any symptoms from having chronic Hepatitis C? Y N

If YES, what symptoms? _____

Medications for treatment include: None or

Current labs (within last 90 days) date: _____

All labs below within 10% or normal lab scale?

AST (SGOT) Y N

ALT (SGPT) Y N

Albumin Y N

PT Y N

Treating Physician's Signature

Physician's Printed Name

Date

Expert FAA Medical Assistance!

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