

Asthma Status Report Worksheet

Patient Name: _____ DOB: _____

Condition stable on current regimen and no changes in treatment recommended:

Yes No

If no, what recommended changes: _____

Symptoms are stable and well controlled regarding all of the following:

- Frequency of symptoms – more than 2 days per week Y N
- Use of inhaled short-acting beta agonist (rescue inhaler) – more than 2 times per week Y N
- Use of oral corticosteroids for exacerbations – more than 2 times per year Y N
- In the last year:
 - Any in-patient hospitalizations Y N
 - More than 2 outpatient clinic/urgent care visits for exacerbations (without symptoms fully resolved)

Y	N
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Use of Monoclonal Antibodies? Y N

All current medication(s) and dose(s):

Use of a short course of oral Steroids during exacerbation? Y N
 (Patient must not fly until course is complete and patient is symptom free)

Pulmonary Function Test (PFT)

- Not required if the only treatment is PRN use on one or two days a week of a short-acting beta agonist (e.g. albuterol)
- PFT current within the last 90 days – Date: _____
- FEV1, FVC, and FEV1/FVC are all equal to or greater than 80% predicted before bronchodilators Y N
- Please provide copy of PFT report if performed.

 Treating Physician's Signature

 Physician's Printed Name

 Date

Expert FAA Medical Assistance!

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