## **Chronic Hepatitis C Status Report Worksheet**

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

Patient Name:		DOB::	
The condition is stable?	Υ	N	
Are any treatment changes recommended?  If YES, what changes are recommended?  Any complications from having chronic Hepatitis C?  If YES, what complications?		N	
		N	
Any symptoms from having chronic Hepatitis C If YES, what symptoms?		N	
Medications for treatment include:	None	or	
Current labs (within last 90 days) date: _ All labs below within 10% of normal lab AST (SGOT) ALT (SGPT) Albumin PT	o scale? Y Y Y Y	N N N	
Treating Physician's Signature Physici	Physician's Printed Name		Date

Expert FAA Medical Assistance!

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