

<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			

<b>Potassium If on diuretic</b>	<i>Date:</i>	<i>Physician's signature:</i>
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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:** \_\_\_\_\_  
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