



FAA Hypertension Evaluation Worksheet

Airman _____ SSN _____ Date _____

D.O.B. _____ Age _____ Wt. _____ Ht. _____

Smoking History _____ Non-Smoker _____

Hypertension History

Coronary or Cerebrovascular Disease Risk Factors & Family History

Blood Pressure Chart

Date	R Arm	L Arm	Position	Notes

Lab Data:

ECG: _____ Date: _____

ECG: Stress Test* _____ Date: _____

Glucose _____ Cholesterol _____ Triglycerides _____ LDL/HDL _____

K+ _____ Creatinine _____ Blood Test Date _____



Medication	Dose	Date Started	Side Effects?

This airman (IS) or (IS NOT) currently following recommended treatment and (DOES) or (DOES NOT) exhibit good control of the blood pressure.

Examiner: Print _____ Sign _____ Date _____

*Stress ECG if indicated by history or abnormal resting ECG. Blood work and ECG is required for the initial cardiovascular exam, but subsequently, only a K+ and CR required if on diuretics or ACE-inhibitor medications.