

Hypothyroidism – Follow-up report

Airman Name: _____

DOB: _____

Current thyroid replacement medication(s) and dose(s):

1.

2.

Is the airman experiencing any side effects related to the above medications?

No

Yes – please detail _____

Is the airman compliant with his/her treatment program?

Yes

No – please detail _____

What is the underlying cause of the airman's hypothyroidism?

Is there any evidence of associated cardiovascular or ophthalmologic disease?

No

Yes – please detail _____

Please provide the results of a TSH level drawn within the previous 12 months.

Date of test:

TSH level:

Signature: _____

Date: _____

Printed name: _____

Per FAA regulations, the decision to issue medical clearance will be deferred to the regional flight surgeon if any on the following exist:

1. A related problem in another organ system (i.e. cardiac or visual).
2. An elevated TSH level.