

SUBSEQUENT FAA HYPERTENSION REPORTING FORM

Date: \_\_\_\_\_

\_\_\_\_\_ is a patient that I am treating for hypertension. He/She is taking the following medications:

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Over the last year, the following three blood pressures were recorded

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

He/She has no adverse side effects to the above medication(s).

Thank you.

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