

FAA CERTIFICATION AID – SSRI INITIAL Certification/Clearance (Page 3 of 5)

(Updated 03/29/2017)

The following information is to assist your treating physician/ provider who may be unfamiliar with FAA medical certification/medical clearance requirements. It lists the ABSOLUTE MINIMUM information required by the FAA to make a determination on a medical certificate for airmen or medical clearance for FAA ATCS. You should strongly consider taking a copy to each evaluator so they understand what specific information is needed in their report to the FAA. If each item is not addressed by the corresponding provider, there may be a delay in the processing of your medical certification or clearance until that information is submitted. Additional information such as clinic notes or explanations should also be submitted as needed. All reports must be CURRENT (within the last 90 days) for FAA purposes.

REPORT FROM	MUST SPECIFICALLY ADDRESS OR STATE THE FOLLOWING (SSRI INITIAL Certification/Clearance Evaluation)																																								
PSYCHIATRIST Must be a board certified psychiatrist (If your treating physician IS a board certified psychiatrist, you should submit this section.)	<p>A Current detailed evaluation report that summarizes clinical findings and status of how the airman/FAA ATCS is doing. At a minimum, it must include the following:</p> <ol style="list-style-type: none"> Qualifications: State your board certifications, specialty, and any other pertinent qualifications. Records review: What documents were reviewed? <ol style="list-style-type: none"> Specify if using your own clinic notes and/or notes from other providers or hospitals. Verify if you were provided with and reviewed a complete copy of the airman/FAA ATCS's FAA medical file. History: <ol style="list-style-type: none"> Review the overall symptom and treatment history, with a timeline of evaluations and treatments (including start and stop dates). Discuss the severity of the condition and any relapse/recurrence. Each of the FAA SSRI "Rule-Outs" below MUST be individually addressed. The report must specifically detail if there have been any symptoms or any history of the following: <table border="1"> <thead> <tr> <th colspan="2">FAA SSRI "RULE-OUTS"</th><th>Any prior SYMPTOMS?</th><th>Any prior HISTORY?</th></tr> </thead> <tbody> <tr> <td>I</td><td>Affective instability</td><td></td><td></td></tr> <tr> <td>ii</td><td>Bipolar spectrum disorders</td><td></td><td></td></tr> <tr> <td>iii</td><td>Electroconvulsive therapy (ECT)</td><td></td><td></td></tr> <tr> <td>iv</td><td>Psychiatric hospitalization</td><td></td><td></td></tr> <tr> <td>V</td><td>Psychosis</td><td></td><td></td></tr> <tr> <td>vi</td><td>Suicidal ideation or attempts</td><td></td><td></td></tr> <tr> <td>Vii</td><td>Treatment with multiple antidepressants concurrently</td><td></td><td></td></tr> <tr> <td>viii</td><td>Treatment with multi-agent drug protocol use (prior use of other psychiatric drugs in conjunction with antidepressant medications)</td><td></td><td></td></tr> <tr> <td>ix</td><td>Any additional symptoms not listed above</td><td></td><td></td></tr> </tbody> </table> <ol style="list-style-type: none"> Medication <ol style="list-style-type: none"> Current name and dose of medication. How long has the airman/FAA ATCS been on this medication at this dosage? Any side effects from the current medications? (If none, that should be stated.) When was the most recent change in medication? (Dose, medication type, or discontinuation of medication.) Previous medications that have been tried. List name, dosage, dates of use, and presence or absence of any side effects and outcomes. Are additional changes in dose or medication recommended or anticipated? Diagnosis: <ol style="list-style-type: none"> Specify the current diagnosis (es). Discuss any prior diagnostic questions or issues and explain why/how these are no longer under consideration or have been ruled-out. Discuss the severity of the condition, both current and historically. Summary, Treatment and follow-up recommendations: <ol style="list-style-type: none"> Discuss the airman/FAA ATCS's overall psychiatric and behavioral status and risk of recurrence. How will this airman/FAA ATCS be followed? At what interval? Do you have any clinical concerns or recommend a change in treatment plan? Agreement to immediately notify the FAA (for airmen: 405-954-4821; for FAA ATCS contact the RFS office if there is any: changes in the airman/FAA ATCS's condition, dosage, change in medication or if the medication is stopped. Submit copies of all treatment records such as clinic or hospital notes for any period of time which the airman/FAA ATCS has sought treatment or taken medication. (You do not need to submit any records received from the FAA.) 	FAA SSRI "RULE-OUTS"		Any prior SYMPTOMS?	Any prior HISTORY?	I	Affective instability			ii	Bipolar spectrum disorders			iii	Electroconvulsive therapy (ECT)			iv	Psychiatric hospitalization			V	Psychosis			vi	Suicidal ideation or attempts			Vii	Treatment with multiple antidepressants concurrently			viii	Treatment with multi-agent drug protocol use (prior use of other psychiatric drugs in conjunction with antidepressant medications)			ix	Any additional symptoms not listed above		
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Psychiatrist Signature: _____ Date: ____/____/____