



OBSTRUCTIVE SLEEP APNEA-OSA AME ACTION TAB

Applicant Previously Assessed:

1. Has OSA diagnosis and is on Special Issuance. Reports to follow.
2. Has OSA diagnosis and is currently being treated OR has had previous OSA assessment. NOT on Special Issuance. Reports to follow.

Applicant Not at Risk:

3. Determined to NOT be at risk for OSA at this examination.

Applicant at Risk/Severity to be Assessed:

4. Discuss OSA risk with airman and provide educational materials.
5. At risk for OSA. AASM sleep apnea assessment required. Reports to follow.

Applicant Risk/Severity high

6. Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow.

* [See AASM Tables 2 and 3.](#) AME must use clinical judgment in applying AASM criteria. The risk of OSA is determined by an integrated assessment of history, symptoms, and physical/clinical findings. No disqualification of airmen should be based on BMI alone.

** If the applicant has been previously assessed, has previously provided the information, was negative for evidence of OSA, AND has no changes in risk factors since the last exam, proceed with the flow chart as with any other applicant.

Obstructive Sleep Apnea Specification Sheet A Information Request

Your application for airman medical certification submitted this date indicates that you have been treated or previously assessed for Obstructive Sleep Apnea (OSA).

You must provide the following information to the Aerospace Medical Certification Division (AMCD) or your Regional Flight Surgeon within 90 days:

- All reports and records regarding your assessment for OSA by your primary care physician and/or a sleep specialist.
- If you are currently being treated, also include:
 - A signed Airman Compliance with Treatment form or equivalent;
 - The results and interpretive report of your most recent sleep study; and
 - A current status report from your treating physician indicating that OSA treatment is still effective.
 - **For CPAP/ BIPAP/ APAP:**
A copy of the cumulative annual PAP device report. Target goal should show use for at least 75% of sleep periods and an average minimum of 6 hours use per sleep period.
 - **For Dental Devices or for Positional Devices:**
Once Dental Devices with recording / monitoring capability are available, reports must be submitted.
- To expedite the processing of your application, please submit the aforementioned information **in one mailing** using your reference number (PI, MID, or APP ID).

Using Regular Mail (US Postal Service)

Federal Aviation Administration
Aerospace Medical Certification Division
AAM-300
Civil Aerospace Medical Institute
PO BOX 25082
Oklahoma City, OK 73125-9867

or Using Special Mail (FedEx, UPS, etc.)

Federal Aviation Administration
Aerospace Medical Certification Division
AAM-300
Civil Aerospace Medical Institute, Bldg. 13
6700 S. MacArthur Blvd., Room 308
Oklahoma City, OK 73169

OBSTRUCTIVE SLEEP APNEA SPECIFICATION SHEET B ASSESSMENT REQUEST

Due to your risk for Obstructive Sleep Apnea (OSA), and to review your eligibility to have a medical certificate, you must provide the following information to the Aerospace Medical Certification Division (AMCD) or your Regional Flight Surgeon's Office for review within 90 days:

- A current OSA assessment in accordance with the American Academy of Sleep Medicine (AASM) by your AME, personal physician, or a sleep medicine specialist.
- If it is determined that a sleep study is necessary, it must be either a Type I laboratory polysomnography or a Type II (7 channel) unattended home sleep test (HST) that provides comparable data and standards to laboratory diagnostic testing. **It must be interpreted by a sleep medicine specialist and must include diagnosis and recommendation(s) for treatment, if any.**
- In communities where a Level II HST is unavailable, the FAA will accept a level III HST. If the HST is positive for OSA, no further testing is necessary and treatment in accordance with the AASI must be followed. However, if the HST is equivocal, a higher level test such as an in-lab sleep study will be needed unless a sleep medicine specialist determines no further study is necessary and documents the rationale.

If your sleep study is **positive for a sleep-related disorder**, you may not exercise the privileges of your medical certificate until you provide:

- A signed Airman Compliance with Treatment form or equivalent;
- The results and interpretive report of your most recent sleep study; and
- A current status report from your treating physician addressing compliance, tolerance of treatment, and resolution of OSA symptoms.

If you are **not diagnosed with a sleep-related disorder or the study was negative for a sleep-related disorder**, you may continue to exercise the privileges of your medical certificate, but the evaluation report along with the results of any study, if conducted, must be sent to the FAA at the address below. All information provided will be reviewed and is subject to further FAA action.

In order to expedite the processing of your application, please submit the aforementioned information **in one mailing** using your reference number (PI, MID, or APP ID).

Using Regular Mail (US Postal Service) or
Federal Aviation Administration
Aerospace Medical Certification Division
AAM-300
Civil Aerospace Medical Institute
PO BOX 25082
Oklahoma City, OK 73125-9867

Using Special Mail (FedEx, UPS, etc.)
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6700 S. MacArthur Blvd., Room 308
Oklahoma City, OK 73169

**AIRMAN COMPLIANCE WITH TREATMENT
OBSTRUCTIVE SLEEP APNEA (OSA)**

I _____ (print name) certify that (check one):

___ I have been using _____ (CPAP/ Dental / or Positional Device) for OSA as prescribed. I am tolerating the therapy well and have no symptoms of OSA (e.g. daytime sleepiness or lack of mental attention or concentration).

___ I have been surgically treated for OSA and I have no symptoms of OSA (e.g. daytime sleepiness or lack of mental attention or concentration).

I understand and acknowledge that I will receive the new requirements for continuation of my special issuance of Obstructive Sleep Apnea and I will comply with the requirements at my next FAA medical certificate renewal or reapplication.

Applicant Name: _____

Date of Birth: _____

Reference Number: (PI, MID, or APP ID): _____

Applicant Signature _____ Date _____

OSA QUICK-START for the AME

The AME while performing the triage function must conclude one of six possible determinations. The AME is **not** required to perform the assessment or to comment on the presence or absence of OSA.

Step 1 - Determine into which group (1-6) the airman falls.

Applicant Previously Assessed:

Group 1: Has OSA diagnosis and is on Special Issuance. Reports to follow.

Group 2: Has OSA diagnosis OR has had previous OSA assessment. NOT on Special Issuance. Reports to follow.

Applicant Not at Risk:

Group 3: Determined to NOT be at risk for OSA at this examination

Applicant at Risk/Severity to be assessed:

Group 4: Discuss OSA risk with airman and provide educational materials.

Group 5: At risk for OSA. AASM sleep apnea assessment required

Applicant Risk/Severity Extremely High:

Group 6: Deferred. Immediate safety risk. AASM sleep apnea assessment required. Reports to follow

Step 2 – Document findings in Block 60

Step 3 – Check appropriate triage box in the AME Action Tab

Step 4 – Issue, if otherwise qualified

In assessing airmen for groups 4 and 5, the AME is expected to use their own clinical judgment, using AASM information, when making the triage decision.

Some AMEs have voiced the desire to perform the OSA assessment. **While we do not recommend it**, the AME may perform the OSA assessment provided that it is in accordance with the clinical practice guidelines established by the American Academy of Sleep Medicine.*

*If a sleep study is conducted, it must be interpreted by a sleep medicine specialist.