

APPENDIX E: OSA WORKSHEET DATA ELEMENTS

Name: _____

Height: _____

Weight: _____

Body mass index: _____

Neck Circumference: _____

Blood pressure: _____

Date of diagnosis of obstructive sleep apnea: _____/_____/_____

Method of diagnosis:

 Monitored polysomnogram Unmonitored home study – Please specify which model of home study equipment was used:
_____ (Class 3 device only)

Name of lab where study done or facility issuing home study equipment: _____

Sleep specialist who reviewed studies: _____

Results of CPAP trial: _____

 Full night study Split night study Home autotitration

List of current medications: _____

Is your patient compliant with CPAP treatment?

 Yes No

Documentation of compliance with methodology: _____

Please attach CPAP compliance data for the past 3 months.

When was the last time that the therapeutic response to CPAP was updated?

Narrative:

Does your patient have a history of:

- Hypertension Yes No
- Diabetes Yes No
- Coronary heart disease Yes No
- Narcolepsy Yes No
- Restless leg syndrome Yes No
- Any other sleep disorder Yes No

Treating physician statement:

It is my opinion that the above named individual is capable of safe and effective job performance as a law enforcement officer:

- Yes No

Comments: _____

Signature of Physician

Date

Printed name of Physician

Phone number

Fax number