

# DAYTON CHEST MEDICINE

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PULMONARY AND AEROSPACE MEDICINE  
FAA CERTIFIED AVIATION MEDICAL EXAMINERS

## Prostate Cancer – Follow-up Report

*Note: This form is NOT required if (1) there has been no treatment for at least 5 years and (2) there is no hx of metastatic disease.*

Is there any current, or past evidence of metastatic disease? Yes      No  
If yes, location and extent:

Is the airman experiencing any symptoms related to his prostate cancer? Yes      No  
If yes, explain:

Has active treatment (chemotherapy, radiation) been completed? Yes      No  
If yes, are there plans to resume treatment in the future? Yes      No

Was surgery performed? Yes      No  
If yes, is airman off pain meds? Yes      No  
If yes, has airman been released by surgeon? Yes      No

Current treatment:

- None
- Watchful waiting / Active surveillance
- Brachytherapy

Current PSA: \_\_\_\_\_ Date of test: \_\_\_\_\_ (within last 6 months)

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

Printed name: \_\_\_\_\_

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