

# DAYTON CHEST MEDICINE

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PULMONARY AND AEROSPACE MEDICINE  
FAA CERTIFIED AVIATION MEDICAL EXAMINERS

Airman name: \_\_\_\_\_

DOB: \_\_\_\_\_

## Testicular 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 testicular 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

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

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

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