

Follow-up Report for FAA Medical Certificate: Urolithiasis

Airman Name: _____ **DOB:** _____

1. Location of retained stone(s): _____
2. Estimated size of retained stone(s): _____
3. Is this a (or are these) new stone(s)? _____
4. Has any pre-existing stone grown since last exam? _____
5. Date and type of most recent study (KUB, U/S, CT, etc.): _____
6. How likely is it that this stone (these stones) will pass spontaneously? _____

Signature: _____ **Date:** _____

Printed name: _____

Per FAA regulations, the Aviation Medical Examiner's decision to issue medical clearance will be deferred to the regional flight surgeon if any on the following exist:

1. If a new or existing retained stone has a significant chance of passing.
2. If an existing retained stone has (1) moved or (2) become larger when compared to the previous evaluation.