

DAYTON CHEST MEDICINE

PULMONARY AND AEROSPACE MEDICINE
FAA CERTIFIED AVIATION MEDICAL EXAMINERS

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: _____