

Bladder Cancer Status Report Worksheet

Patient Name: _____ DOB: _____

Is the condition stable?	Y	N
If recurrence, has there been spread outside the bladder?	Y	N
Is there current or historic evidence of any metastatic disease or muscle invasion?	Y	N
Is active treatment is completed (chemo/rad, etd.) and no new treatment is recommended?	Y	N
If surgery has been performed:		
Is the airman off pain medications?	Y	N
Has the airman made a full recovery?	Y	N
Has the airman been released by the surgeon?	Y	N

Current treatment consists of:

None or _____
(List treatments)

Changes recommended to current treatment regimen?

Yes No

If yes, what recommended changes: _____

Any current symptoms?

None or _____
(List Symptoms)

Treating Physician's Signature

Physician's Printed Name

Date

Expert FAA Medical Assistance!

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