

Bladder Cancer Status Report Worksheet
(Non-metastatic and treatment completed less than 5 years ago)

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 patient off pain medications?	Y	N
Has the patient made a full recovery?	Y	N
Has the patient been released by the surgeon?	Y	N

Current treatment consists of:

None or _____
(List treatments)
(If maintenance intravesical BCG or mitomycin - must be 24 hour no fly and asymptomatic)

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!

Clinic Locations:

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