



UNITED STATES AIR FORCE SCHOOL OF AEROSPACE MEDICINE

Aeromedical Consult Services

Medical Flight Standards

Wright Patterson Air Force Base, Dayton, Ohio 45433

Kidney Stone Questionnaire

Please provide all medical documents concerning this condition!	
Name:	SSN:
1. How many Kidney stone have you had?	
2. When did you have the kidney stone(s)?	
3. Do you currently have retained stones?	
4. What type of treatment did you have? (e.g., passed on its own, lithotripsy, stent)	
5. If the stone was recovered and analyzed, what kind of stone was it?	
6. If you had other testing (e.g., urine, blood), what were the results?	
7. Were you put on any medication to prevent future stones?	
8. List any other pertinent information you may have regarding your kidney stones	

By signing below, I certify that the above information is true and accurate to the best of my knowledge.

Applicant's Signature

Date

Privacy Act Statement Authority: 5 USC §552a And Executive Order 9397**Purpose(s):** To determine medical acceptability or update a medical file as a part of the Flying Class I examination. **Routine uses:** This information may be disclosed to medical personnel engaged in the examination process. **Disclosure:** Voluntary; however, failure to furnish the requested information will impede the examination process and hamper your application. Use of Social Security Number (SSN) is used for positive identification of records.