

AIRMEN TESTOSTERONE STATUS REPORT

***Are you currently getting treated with ONLY Topical Testosterone? If so, disregard this form. If not, please complete this form.**

***In addition to this form, you will need to bring a current detailed clinical progress note from the treating physician that finds: This condition is stable on the current regimen & no changes are recommended. You will also need to bring CBC labs performed within the last 90 days to your visit.**

Airman's Name: _____ DOB: _____

1) Diagnosis: _____

2) Treatment (Medication & Dosage): _____

3) Adverse side effects experienced by patient:

4) Select which medications are used for this condition (NOTE: Enclomiphene Citrate is NOT acceptable). Please select one or more of the following:

- Anastrozole
- Human Chorionic Gonadotropin (HCG)
- Testopel
- Testosterone (Oral or Injectable)
- Clomiphene Citrate (Requires a 14 day initial ground trial & AME must confirm no visual side effects present)

5) Circle "Yes" or "No" for the following questions:

- | | | |
|--|-----|----|
| 1) Does the Individual require treatment with Phlebotomy? | YES | NO |
| 2) Does the individual have any history of Cardiovascular Disease? | YES | NO |
| 3) Does the individual have any history of Thromboembolic Events? | YES | NO |
| 4) Does the individual have a history of Prostate Cancer? | YES | NO |

Recommendations:

Physicians Name (Please Print): _____

Address: _____

City/State/Zip Code: _____

Physician's Signature: _____

Date: _____