

## CACI – Kidney Stone(s) Worksheet (Updated 9/30/2015)

The Examiner must review a current status report by the treating physician and any supporting documents to determine the applicant's eligibility for certification. If the applicant **meets ALL the acceptable certification criteria** listed below, the Examiner can issue. Applicants for first- or second-class must provide this information annually; applicants for third-class must provide the information with each required exam.

| AME MUST REVIEW   | ACCEPTABLE CERTIFICATION CRITERIA   |
|---|---|
| <p>A current status report from the treating physician that notes the airman's condition is:</p> <ul style="list-style-type: none"> <li>• Asymptomatic;</li> <li>• Stable (<b>no increase in number or size of stones</b>);</li> <li>• Unlikely to cause a sudden incapacitating event;</li> <li>• If surgery has been performed, the airman:               <ul style="list-style-type: none"> <li>○ Is off pain medication(s);</li> <li>○ Has made a full recovery; and</li> <li>○ Has a full release from the surgeon;</li> </ul> </li> <li>• No history of complications (including chronic hydronephrosis; metabolic/underlying condition; procedures (3 or more in the last 5 years); renal failure or obstruction; sepsis; or recurrent UTIs due to stones.)</li> </ul> | <p><input type="checkbox"/> Yes</p> <p style="text-align: center;">**Please provide a typed "History and Physical format" to include all the information requested. Please attach any supporting imaging or laboratory reports.</p> |
| <p>Is there an underlying cause for stone recurrence?</p>   | <p><input type="checkbox"/> No</p>  |
| <p>Current or recommended treatment</p> <p>After a single stone event - if follow up imaging verifies no further stone(s) present, annotate this in Block 60. No further follow up is required unless there is a change in condition.</p>   | <p><input type="checkbox"/> None</p> <p>Supportive treatments such as hydration or medications (such as thiazides, allopurinol, or potassium citrate) to decrease recurrence (<b>with no side effects</b>) are allowed.</p>         |

**AME MUST NOTE in Block 60 one of the following:**

CACI qualified Kidney Stones.

Not CACI qualified Kidney Stones. Issued per valid SI/AASI. (Submit supporting documents.)

NOT CACI qualified Kidney Stones. I have deferred. (Submit supporting documents.)

Return to:

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**Kidney Stones Status Report**  
(Updated 7/9/2015)

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Applicant ID# \_\_\_\_\_ PI# \_\_\_\_\_

1. Provider printed name \_\_\_\_\_ and phone # \_\_\_\_\_

2. Date of most recent renal colic/stone episode \_\_\_\_\_

3. Most recent surgery/intervention for kidney stones \_\_\_\_\_

3b. Full recovery and off pain meds Yes          No

4. Identified cause for stones? Yes          No

4b. If yes, is airman compliant with treatment measures to reduce stone recurrence? Yes          No

5. Date of most recent renal imaging \_\_\_\_\_

6. Type (KUB/CT/MRI/u/s/other) \_\_\_\_\_

7. # of stones present on imaging \_\_\_\_\_

8. Size(s) of stones by imaging \_\_\_\_\_

9. Location(s) \_\_\_\_\_

10. In your professional opinion, are these stones likely to pass and cause an incapacitation? Yes          No

11. Any clinical concerns? Yes          No

12. If treatment or intervention is required or recommended, list below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Treating Provider Signature

\_\_\_\_\_  
Date

Note: This form **is not required**, but the information above is what the FAA will use to determine medical certification for this airman.

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