



Current Physical Activity/Exercise Studies

All Tumour Types	Tumour Specific
ACCESS, EXCEL, & Caring 4 Caregivers In- person Halifax, Truro, Sydney, Wolfville, New Glasgow, Bridgewater, Amherst Online programs also available	RESIST - Brain (Glioblastoma) EXACT 2.0 - Breast (Cardiotoxicity Study) MIBC - Muscle Invasive Bladder (Pre-habilitation Study) PANACEA (Advanced Ovarian Cancer)

PHYSICAL ACTIVITY AND CANCER REFERRAL FORM

Patient Label OR

Name: _____
Phone number: _____
HCN: _____

TO BE COMPLETED BY ONCOLOGY CARE CLINICIAN

PHYSICAL ACTIVITY CLEARANCE (PARmed-X Physical Activity Readiness Clinician Referral)

Based on the review of the health status of _____ (print name) I recommend the following course of action.

- The participant should avoid physical activity at this time.
- The participant should engage in only a medically supervised physical activity/exercise program involving the supervision of a qualified exercise professional (or other appropriately trained health care professional) and overseen by a physician)
- The participant is cleared for intensity and mode appropriate physical activity/exercise training under the supervision of a qualified exercise professional.
- The participant is cleared for intensity and mode appropriate physical activity/exercise training with limited supervision (i.e., unrestricted physical activity).

Clinician Name (print): _____ Clinician Signature: _____

Date of Medical Clearance (mm/dd/yyyy): ____/____/____

Questions? Call: (902) 473-2035 E-mail: EXcancer@nshealth.ca Fax form to (902) 429- 2809
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