





Current Physical Activity/Exercise Studies

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

PHYSICAL ACTIVITY AND CANCER REFERRAL FORM

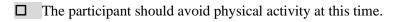
Patient Label OR

Name:	
Phone number:	
HCN:	

TO BE COMPLETED BY ONCOLOGY CARE CLINICIAN

PHYSICAL ACTIVITY CLEARANCE (PARmed-X Physical Activity Readiness <u>Clinician Referral</u>)

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



- □ 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: <u>EXcancer@nshealth.ca</u> **Fax form to (902) 429- 2809**

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