



Battle Cancer Program Headquarters
Move Forward Gym
Unit 1-3 Finnimore Industrial Estate
Ottery St Mary
Devon
EX11 1NR

RE: Medical Clearance for Exercise

To whom it may concern,

An individual recently under your care during their cancer treatment, _____, is interested in participating in an exercise program. There is accumulating evidence to suggest that exercise can mitigate some of the side effects of cancer treatment, improve physical function, strength and muscle mass, quality of life, along with a host of broad-ranging health benefits.

_____ wishes to participate in the 12 week Battle Cancer Program. Coached by fitness professionals, the course will consist of 2 x 1 hour sessions per week, comprising a broad range of workouts and test sessions. Functional movements include a variety of body weight and simple weighted exercises, to improve both strength and fitness, translating into day to day life.

The program will be supervised by appropriately credentialed health professionals with specific experience in designing safe exercises for individuals with cancer. We are specifically interested in any medical, musculoskeletal, neurological or cardiovascular concerns that would prohibit safe exercise.

I would greatly appreciate it if you could please complete the below statement. I am happy to speak further should you require additional information prior to approval. My contact email is abby@battlecancerprogram.com.

Yours Faithfully,

Abby Gould

Yes, I believe in my professional medical opinion, _____, has no unstable medical conditions that would preclude safe exercise. I approve of his/her participation in the above mentioned exercise program.

Signed _____ Printed _____
Date _____

Practice
Address _____

No, I believe in my professional medical opinion, _____, is ineligible to participate in the exercise program due to his/her current medical status (outlined below):

Signed _____ Printed _____
Date _____

Practice
Address _____