



Sensational Survivors

City of Kamloops Medical Examination Form

Dear: _____,

Your patient _____ has expressed interest in participating in a cancer specific exercise therapy program. Our program maintains regular communication with health care professionals at the Cancer Clinic at Royal Inland Hospital regarding cancer specific information. We ask for your assistance in identifying any additional contraindications to physical activity to aid in developing a personalized exercise prescription for your patient.

Please list any additional information you feel is relevant to this particular situation:

(To be completed by participant)

Name: _____ | Date of Birth _____

Address _____

Phone: _____ | Physician Name: _____

Physician Phone: _____

I, hereby authorize the City of Kamloops to access any relevant medical information that may pertain to my exercise program. This request will become invalid in 90 days from the date signed

Signature: _____ Date: _____

Please Note: This recommendation is valid for up to six months following the date of Physician signature. This recommendation becomes invalid if any medical changes occur.

Physician Signature: _____ Date: _____

We appreciate your assistance in this matter!

Sincerely,

Please return in person to the Tournament Capital Centre

Parks and Recreation department

910 McGill Road -Kamloops, BC, V2C 6N6 -Bus: (250) 828-3742