



Hearth Place Cancer Support Centre

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www.hearthplace.org E:mail: hearthplace@hearthplace.org

CM# _____

I hereby acknowledge that _____ who is under my medical care is medically stable to participate in the following exercise programs.

- Walk Club
- Do It With Ease Group Fitness Program
- Zumba Gold – modified low impact Dance/fitness class
- Yoga - Hatha Style Restorative Yoga
- Aquatic Lymphatic Therapy
- Yoga For Lymphedema
- Tai Chi

Physician's signature: _____

Date: _____

Please note that should the medical condition of the above named participant change or prohibit the recommendation for exercise, it is the responsibility of the patient to advise Hearth Place Cancer Support Centre.

Participant's Signature: _____

Date: _____