

Affix patient details sticker if available

NAME

DATE OF BIRTH

HOSPITAL NUMBER

NHS NUMBER



The Children &  
Young People's  
Cancer Association

## Medical Clearance and Parental Consent to Exercise

Before initiating a physical activity or exercise session **in the acute setting**, please review the list of medical considerations and tick each box.

To be read in conjunction with the CCLG Recommendations for Medical Clearance.

MEDICAL CONDITION	Tick if considered
Platelet count $\geq 30$ ( $\geq 10^*$ )	
Haemoglobin $> 8\text{g/dl}$ *	
No fever ( $> 38\text{ C}$ ) or severe infection	
Not on active chemotherapy infusion**	
No severe pain *	
No severe nausea/vomiting *	
No significant <ul style="list-style-type: none"><li>• cardiovascular disease</li><li>• respiratory insufficiency</li><li>• renal impairment</li><li>• metabolic disease (e.g. diabetes)</li></ul>	
No surgical intervention within the last 12 hours	
If bone tumour or metastases <ul style="list-style-type: none"><li>• the affected region should not be loaded and treated with care</li></ul>	
If brain or spinal tumours <ul style="list-style-type: none"><li>• be aware of increased risk of loss of sensation and muscle power and higher risk of falls</li></ul>	

\*If counts fall below this number/ some symptoms exist but child or young person is symptomatically well and the responsible physician has approved of physical activity exercise on this day they may be trained, but with low risk and low demand activities only.

\*\*If so PA should be modified to ensure the safety of the patient and reduce the risk of dislocation of the line'. Some low intensity, low risk exercise may still be possible.

These are not absolute contraindications to movement, which should be encouraged.

# Statement of Health Professionals

## Health Professionals Statement

This patient is medically fit for physical activity or exercise:- Yes  No

The following conditions should be taken into account:

Signature ..... Name .....

Job Title ..... Date .....

## Exercise Therapist Statement

I understand that I have reviewed the information with a physician where appropriate and the child or young person is medically fit to perform physical activity at this time, with the recommended modifications.

I understand that underlying diagnosis, conditions on this list and the child or young person’s physical and mental wellbeing should be taken in to professional context and I should deliver an appropriately modified session to meet their needs and reduce risk of harm.

Signature ..... Name ..... Date .....

## Statement of parent

I am happy for my child to take part in physical activity or exercise today

Parent / Legal Guardian signature ..... Date .....

Name (PRINT) ..... Relationship to child .....

## Child or young person’s agreement *(if they wish to sign)*

I am happy to take part in physical activity or exercise today

Signature ..... Date .....

Name (PRINT) .....