



Oncologist Authorization Form

Participation in Cancer2FinishLine Program

This form is required for patients applying for consideration to participate in the Cancer2FinishLine program, a triathlon training and nutrition education program tailored for cancer survivors. It ensures the participant is medically cleared to engage in this structured physical activity and provides necessary health and treatment details.

Please complete this form and return it to the patient to include in their application.

Patient Information

Patient Name (First & Last):

Date of Birth:

Cancer Diagnosis

Date of Diagnosis:

Type:

Stage:

Treatment Information

Date Treatment Was Completed:

Treatment Type(s) Received (check all that apply):

Surgery

Chemotherapy

Radiation Therapy

Immunotherapy

Hormone Therapy

Stem Cell/Bone Marrow
Transplant

Other:

Are there any ongoing treatments or side effects that the program coaches should be aware of?

Yes No If yes, please describe:

Physical Activity Clearance

Is the patient physically cleared to participate in a structured triathlon training program?

Yes No

Are there any restrictions or precautions the patient should follow during training (e.g., weight-bearing limitations, fatigue management, hydration needs, etc.)?

Yes No If yes, please specify:

Oncologist's Information

Oncologist Name (Printed):

Medical Institution/Practice Name:

Office Address:

Phone:

E-mail address:

Authorization: I certify that the above-named patient is medically stable and has been evaluated for participation in the Cancer2FinishLine program. I understand this program involves structured physical activity, including swimming, cycling, running, strength training and nutrition education.

Oncologist Signature: _____

Date: