

MEDICAL CLEARANCE LETTER FOR MARATHON PARTICIPATION

Date: _____

Patient Information:

Name: _____

Date of Birth: _____

To the Race Organizers:

I, the undersigned, Dr. _____, certify that I have examined the patient named above on this date: _____.

Based on the clinical examination and the patient's medical history, I find no contraindications to their participation in a competitive marathon (42.195 km) or long-distance running event.

The patient is deemed physically fit to engage in intense prolonged physical effort and endurance racing.

This certificate is valid for one year from the date of issuance.

Physician Details:

Signature: _____

Name: _____

Medical License Number: _____

Clinic/Hospital Name: _____

Contact Number: _____

(Official Medical Stamp/Seal)