

**Date:** [Date]

**To:** [Marathon Name/Organizing Committee]

**Subject:** Conditional Medical Clearance for Marathon Participation

**Patient Name:** [Patient Full Name]

**Date of Birth:** [Patient Date of Birth]

To Whom It May Concern,

I have performed a physical evaluation of [Patient Name] to determine their fitness for participating in the [Marathon Name] scheduled for [Date of Event].

Based on the medical history and physical examination, I find the patient fit to participate **only under the following conditions and restrictions:**

- [Condition 1: e.g., Must maintain a heart rate below X bpm]
- [Condition 2: e.g., Must stop immediately if chest pain or shortness of breath occurs]
- [Condition 3: e.g., Required to carry specific medication: Name of Med]
- [Condition 4: e.g., Restricted to the Half-Marathon distance only]

The patient has been informed of the risks associated with long-distance running relative to their specific health status. This clearance is valid only if the above conditions are strictly followed.

If you have any questions, please contact my office at [Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]