

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Re: Medical Clearance for [Marathon Name]

Dear [Patient Name],

I am writing to inform you that, following a review of your recent medical evaluation and health history, I am unable to provide medical clearance for your participation in the upcoming [Marathon Name] scheduled for [Date].

This decision is based on the following medical concerns:

- [Insert Reason 1]
- [Insert Reason 2]

Participating in a long-distance endurance event poses significant physical stress. Given your current clinical status, there is an increased risk of [Specific Risk, e.g., cardiac event/injury] that outweighs the benefits of participation at this time.

I recommend the following next steps:

- [Insert Recommendation, e.g., Further diagnostic testing]
- [Insert Recommendation, e.g., Physical therapy or specialist referral]
- [Insert Recommendation, e.g., Follow-up appointment in X months]

While I understand this news is disappointing, my primary concern is your long-term health and safety. We can discuss a modified exercise plan or a timeline for re-evaluation once your condition improves.

If you have any questions regarding this decision, please contact my office to schedule a consultation.

Sincerely,

[Doctor Name, MD/DO]

[Practice Name]

[Phone Number]