

[Doctor's Name/Clinic Name]

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Email Address]

Date: [Date]

RE: Orthopedic Evaluation and Marathon Clearance

Patient Name: [Patient Full Name]

Date of Birth: [Patient DOB]

To Whom It May Concern,

This letter serves to confirm that [Patient Name] underwent a comprehensive orthopedic evaluation on [Date of Evaluation] for the purpose of medical clearance to participate in the [Name of Marathon/Race].

The evaluation included a review of the patient's musculoskeletal history, a physical examination of the weight-bearing joints, and an assessment of functional mobility. At the time of the exam, the patient demonstrated stable joint function, adequate range of motion, and no acute orthopedic injuries that would preclude them from long-distance running.

Based on my findings, the patient is orthopedically cleared to participate in the marathon without restrictions. The patient has been advised to follow a proper training schedule and to report any new onset of pain or instability immediately.

Should you require any additional information, please do not hesitate to contact my office.

Sincerely,

[Doctor's Signature]

[Doctor's Printed Name]

[Medical License Number]

[Board Certification/Specialty]