

Date: [Insert Date]

To: Marathon Race Organizers / Medical Committee

Subject: Medical Clearance for Marathon Participation

Patient Name: [Insert Patient Full Name]

Date of Birth: [Insert Date of Birth]

To Whom It May Concern,

Mr./Ms. [Insert Patient Last Name] is currently under my cardiac care. I have reviewed their medical history and recently performed a clinical evaluation, which included:

- Physical Examination
- Electrocardiogram (ECG)
- [Optional: Stress Test / Echocardiogram / Other Cardiac Testing]

Based on these findings, the patient is currently stable from a cardiovascular standpoint. I find no contraindications for them to participate in long-distance running or marathon events at this time.

The patient has been advised to monitor for any symptoms such as chest pain, palpitations, or unusual shortness of breath and to seek immediate medical attention should they occur.

Please feel free to contact my office at [Insert Phone Number] if further information is required.

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Board Certification/Specialty]

[Medical License Number]

[Clinic/Hospital Name]