

Date: [Insert Date]

To: Race Director / [Insert Marathon Name] Organizing Committee

Subject: Medical Clearance for Marathon Participation

Patient Name: [Insert Patient Name]

Date of Birth: [Insert Date of Birth]

To whom it may concern,

I am writing to provide medical clearance for [Patient Name] to participate in the [Insert Marathon Name] scheduled for [Insert Race Date].

The patient was previously under my care for the following injury: [Insert Injury Description]. After a clinical evaluation and a review of their recovery progress, I have determined that the injury has healed sufficiently to allow for long-distance running.

As of [Insert Date of Exam], the patient is cleared for full, unrestricted participation in marathon training and competition. I have discussed the risks of re-injury with the patient, and they have demonstrated the physical capacity required for this event.

Should you require any further information or clarification, please do not hesitate to contact my office.

Sincerely,

[Physician Signature]

Physician Name: [Insert Name]

Medical License Number: [Insert Number]

Clinic/Hospital Name: [Insert Name]

Phone Number: [Insert Phone Number]