

[Physician Name]
[Clinic/Hospital Name]
[Address]
[City, State, Zip Code]
[Phone Number]
[Date]

To the Race Organizers of [Name of Marathon/Event]:

RE: Medical Clearance for [Patient Full Name]
Date of Birth: [Patient Date of Birth]

This letter is to certify that [Patient Name] is currently under my care for the management of [Type 1 / Type 2] Diabetes Mellitus. I have reviewed the patient's recent medical history, glycemic control, and physical condition in relation to their intent to participate in the [Name of Marathon] on [Date of Event].

As of my last evaluation on [Date of Last Exam], the patient's condition is stable. I have discussed a management plan with the patient regarding carbohydrate intake, insulin/medication adjustments, and blood glucose monitoring before, during, and after the race.

I hereby clear [Patient Name] to participate in this marathon. I recommend that the patient be allowed to carry necessary medical supplies, including:

- Blood glucose monitoring device (CGM or glucometer)
- Insulin and delivery system (Pump or pens)
- Rapid-acting carbohydrates (Gels, tablets, or snacks) for hypoglycemia treatment
- Medical identification tag

Should you require further information, please contact my office.

Sincerely,

[Signature]
[Physician Name, MD/DO]
[Medical License Number]