

**Date:** [Insert Date]

**To:** [Insert Marathon Name/Organizing Committee]

**Subject: Medical Clearance for Marathon Participation**

**Patient Name:** [Insert Patient Full Name]

**Date of Birth:** [Insert Patient Date of Birth]

**Age:** [Insert Patient Age]

To whom it may concern,

I am writing to confirm that I have personally examined the above-named patient on [Insert Date of Last Exam]. Based on our medical evaluation, which included a review of their medical history and current physical health status, I certify that the patient is in good health and has no known contraindications to participating in a long-distance running event.

In consideration of the patient's age, we have specifically assessed their cardiovascular health and musculoskeletal system. I find the patient to be physically fit and capable of participating in the [Insert Marathon Name] on [Insert Event Date].

This clearance is valid for the upcoming event. Please contact my office if you require any further documentation or information.

Sincerely,

[Physician Signature]

**Physician Name:** [Insert Physician Name]

**Medical License Number:** [Insert License Number]

**Clinic/Hospital Name:** [Insert Facility Name]

**Phone Number:** [Insert Phone Number]