

**[Physician Name/Clinic Name]**

[Clinic Address]

[City, State, Zip Code]

[Phone Number]

[Date]

**RE: Marathon Medical Clearance**

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

**Date of Birth:** [MM/DD/YYYY]

To Whom It May Concern,

I am the treating physician for [Patient Name], who has a diagnosis of asthma. This letter serves to provide medical clearance for their participation in the [Name of Marathon/Race] scheduled for [Date of Event].

**Current Management:**

The patient's asthma is currently well-controlled. Their maintenance and rescue medication regimen is as follows:

[List Medications, e.g., Albuterol, Inhaled Corticosteroids]

**Clinical Assessment:**

The patient has undergone a physical evaluation and has demonstrated the respiratory stability necessary for long-distance running. They are educated on exercise-induced bronchospasm (EIB) protocols and are cleared to carry their rescue inhaler during the event.

**Physician Recommendations:**

- The patient is permitted to participate in the full marathon without restrictions.
- In the event of acute respiratory distress, the patient is instructed to stop running and utilize their rescue inhaler as prescribed.
- Race medical staff should be aware of the patient's condition in case of an emergency.

Should you require further documentation or clinical details, please contact my office.

Sincerely,

[Physician Signature]

[Physician Printed Name]

[Medical License Number]

[Board Certification]