

[Physician Name/Clinic Name]  
[Address Line 1]  
[City, State, Zip Code]  
[Phone Number]  
[Date]

To the Event Organizers of [Name of Marathon],

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

Dear Race Director,

I am writing to formally request a medical deferral for the above-named patient regarding their participation in the upcoming [Name of Marathon] scheduled for [Date of Race].

At this time, the patient is under my care for a medical condition that precludes them from safely participating in a long-distance running event. Due to these health considerations, I cannot provide medical clearance for them to compete at this time.

It is my professional recommendation that their entry be deferred to the [Next Year/Future Date] event to allow for sufficient recovery and training once they are medically cleared to resume high-intensity physical activity.

Thank you for your understanding and for accommodating this request for the safety of the participant.

Sincerely,

[Signature of Physician]

[Printed Name of Physician]  
[Medical License Number]  
[Clinic Stamp/Seal]