

Date: [Insert Date]

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 the above-named patient to return to running and participate in marathon training and competition.

The patient was previously under my care for [Insert Condition/Injury]. Following a clinical evaluation on [Insert Date of Last Exam], I have determined that they have recovered sufficiently to resume high-impact physical activity.

Clearance Status:

- The patient is cleared for full, unrestricted running.
- The patient is cleared to participate in a marathon (26.2 miles / 42.2 km).
- [Optional] Specific restrictions or recommendations: [Insert Restrictions or "None"]

In my professional opinion, the patient is cardiovascularly and musculoskeletally fit to engage in a structured marathon training program.

If you require any further information, please contact my office at [Insert Phone Number].

Sincerely,

[Physician Signature]

[Physician Name, MD/DO]

[Medical License Number]

[Clinic/Hospital Name]

[Contact Information]