

Date: [Insert Date]

To: Race Medical Director / Organizing Committee

Race Name: [Insert Race Name]

Race Date: [Insert Race Date]

RE: Medical Clearance for [Patient Full Name]

Date of Birth: [Insert DOB]

To whom it may concern,

I have performed a clinical evaluation and reviewed the diagnostic testing results for the above-named patient to determine their fitness for participation in the upcoming [Insert Race Name/Distance].

The following diagnostic tests and screenings were conducted on [Insert Date]:

- Physical Examination
- 12-Lead Electrocardiogram (ECG)
- Resting Heart Rate and Blood Pressure Assessment
- [Insert Additional Test, e.g., Exercise Stress Test, if applicable]
- [Insert Additional Test, e.g., Blood Panel, if applicable]

Based on the results of these tests and the patient's current medical history, I find no evidence of cardiovascular disease or other contraindications that would restrict their participation in high-intensity physical activity.

Clearance Status:

The patient is medically cleared to participate in the aforementioned event without restrictions.

Sincerely,

[Doctor Signature]

Physician Name: [Insert Name]

Medical License Number: [Insert Number]

Clinic/Hospital Name: [Insert Name]

Contact Phone: [Insert Number]