

**To:** Race Organizers and Medical Committee

**Date:** [Insert Date]

**Subject:** Medical Clearance for Triathlon Competition

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

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

**Event Name:** [Insert Name of Triathlon Event]

To whom it may concern,

I am a licensed physician currently treating the above-named patient. I have performed a physical examination on [Insert Date of Exam] and reviewed their medical history in relation to their participation in a triathlon.

Based on my clinical evaluation, I certify that [Patient Name] is in good health and exhibits no physical or mental contraindications that would prevent them from participating in competitive swimming, cycling, and running events.

This clearance is valid for the duration of the event mentioned above or until [Insert Expiration Date].

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

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

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

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

Sincerely,

(Signature/Stamp)

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