

# Medical Clearance Form for Marathon Runners

## Participant Information

Full Name

Date of Birth

Gender

Contact Number

Address

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## Emergency Contact

Emergency Contact Name

Relationship

Contact Number

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## Medical History

Allergies

Current Medications

Chronic Illnesses (e.g., asthma, diabetes)

Previous Surgeries or Hospitalizations

Other Relevant Information

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## Physician's Assessment

Physical Examination Findings

Is the applicant fit to participate in a marathon?

If not, please specify reasons or restrictions:

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**Physician's Information**

Physician Name

License Number

Signature

Date