Dear Doctor

Clearance for race participation

We as the Old Mutual Two Oceans Marathon (OMTOM) medical team embrace the American College of Sports Medicine’s (ACSM) guidelines of strict pre-participation screening for all athletes that have been stratified as high-risk with regard to cardiovascular illness.

Obtaining medical clearance for the race essentially means that the treating doctor believes that the individual’s state of health is satisfactory, and that partaking in the event is not likely to cause harm, and at the very least, the benefits outweigh the risks.

As you are aware, the acute risk of adverse medical events as a result of participation in exercise escalates significantly in those with an increasing number of risk factors for coronary artery and vascular disease. In the case of pre-existing cardiovascular disease, progression of cardiovascular risk factors, new onset symptoms or the development of other comorbid medical conditions, it is crucial that these athletes undergo medical screen prior to participation in exercise.

As a result of our event pre-entry questionnaire data, we have identified that your patient requires a medical clearance in order to participate, and therefore request that you complete the following certificate.

The athlete or you can then forward this form to the OMTOM medical team at medical@twooceansmarathon.org.za by 19 March 2016.

Thank you for your cooperation with this.

Sincerely,

The Old Mutual Two Oceans Marathon Medical Team
Your patient ___________________________________________ wishes to take part in the 2016 Old Mutual Two Oceans Marathon. The event includes a 56.6km Ultra Marathon, a 21.1km Half Marathon, as well as a 12km and 22km Trail Run.

After completing the pre-entry medical questionnaire, and discussing the patient’s medical condition(s), we agreed to seek your advice in providing medical clearance for him or her to participate. Please identify any recommendations or restrictions for your patient, specifically in relation to race participation and current health status.

Should the athlete still wish to participate despite your advice against it, he or she will need to assume full responsibility for their actions, and the assessing doctor and the OMTOM medical team can take no responsibility for any adverse health consequences related to their participation in the event.

I am this patient’s regular medical doctor: ☐ Yes  ☐ No

I have read and understand the OMTOM cardiovascular clearance form and have made appropriate investigations and appropriate recommendations as required:  ☐ Yes  ☐ No

Examining doctor (name and surname): _______________________________

MP number: ____________________

Contact number: ____________________

**Cardiovascular assessment:**

<table>
<thead>
<tr>
<th>Date:</th>
<th>Age:</th>
</tr>
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<tbody>
<tr>
<td>Weight (kg):</td>
<td>Height (m):</td>
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Please list the patient’s currently prescribed medication (s) and dosage (s), as well as any recent changes to the medication prescription after your evaluation:

______________________    ____________________    ___________________
______________________    ____________________    ___________________

Any other relevant medical history:

____________________________________________________________________

____________________________________________________________________

Relevant clinical findings:

____________________________________________________________________

____________________________________________________________________
Clinically well *(at time of examination)*: □ Yes  □ No

If no, please elaborate further:

______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
____________________________________________

Results of graded stress test, *if applicable*: *(Please attach copy of stress test)*

I, Dr _____________________, have examined ______________________
and have found their stress test to be: □ Positive  □ Negative
Date of test: ______________________
Protocol used: □ Bruce  □ Modified Bruce □ Balke  □ Other
Duration of test (min:sec): ______________________
Peak blood pressure achieved (mmHg): ______________________
Peak heart rate achieved (beats/min): ______________________
S-T segment elevation: □ Positive  □ Negative
S-T segment depression: □ Positive  □ Negative
Heart rate at which S-T changes occurred (beats/min): ____________
Arrhythmia: □ Positive  □ Negative
Recommended running heart rate zone for this patient: ______________

I have found the following *(please tick the relevant option below)*:

□ He/She may participate in the 2016 Old Mutual Two Oceans Marathon.

□ He/She may not participate in the 2016 Old Mutual Two Oceans Marathon for the following reasons:

______________________________________________________________________  
______________________________________________________________________  
______________________________________________________________________  
____________________________________________
Additional comments:

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Name of treating doctor (*please print*): __________________________
Signature of treating doctor: __________________________
Date: _________________________