

# Request for Medical Examination Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Position]

[Organization Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request a waiver for the medical examination requirement for my upcoming travel to [Destination] on [Travel Dates].

Due to [reason for requesting waiver, e.g., recent medical condition, travel restrictions], I am unable to comply with the standard medical examination process.

I assure you that I am committed to maintaining health protocols and have attached relevant documents to support my request.

Thank you for considering my request. I look forward to your positive response.

Sincerely,

[Your Name]