

[Your Name]

[Your Address] [City, State, Zip Code] [Email Address] [Phone Number]

[Date]

[Recipient's Name] [Recipient's Title] [Company/Organization Name] [Address] [City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to inquire about the possibility of obtaining a waiver for the medical examination typically required for [state the context, e.g., employment, insurance].

Due to my previous medical conditions, specifically [briefly describe the conditions and any relevant treatments or statuses], I believe that my current health status may warrant consideration for a waiver. My healthcare provider, [Provider's Name], can attest to my condition and the stability of my health. I have maintained regular check-ups and have complied with all recommended treatments.

I would appreciate any guidance you could provide on how to formally request this waiver and any documentation you may require for review. Thank you for considering my request. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)] [Your Printed Name]