

Medical Examination Waiver Request

Date: _____

To: [Recipient's Name]
[Name of Educational Institution]
[Address of Educational Institution]
[City, State, Zip Code]

Dear [Recipient's Name],

I hope this letter finds you well. I am writing to formally request a waiver for the medical examination requirement associated with the [specific educational program name] for the [academic year/semester].

Due to [brief explanation of your circumstances, e.g., medical reasons, financial constraints, etc.], I am unable to fulfill the medical examination requirement at this time. I believe that my existing health documentation [or alternative evidence] sufficiently demonstrates my fitness for participation in the program without the need for an additional medical examination.

I am committed to maintaining my health and safety while participating in the program, and I assure you that I will adhere to all other health and safety guidelines set forth by the institution.

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

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