

Request for Medical Examination Exemption

Date: [Insert Date]

To,

[Recipient's Name]

[Recipient's Title]

[Company/Organization Name]

[Address]

[City, State, ZIP Code]

Dear [Recipient's Name],

I am writing to formally request an exemption from the medical examination scheduled on [insert date] due to my current pregnancy. My expected due date is [insert due date], and I believe that participating in the examination at this time may pose unnecessary risks to my health and the health of my unborn child.

I understand the importance of the medical examination, but I kindly ask for your understanding and support regarding my situation. I am willing to provide any necessary documentation from my healthcare provider to verify my condition.

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

Sincerely,

[Your Name]

[Your Address]

[City, State, ZIP Code]

[Your Phone Number]

[Your Email Address]