

Request for Medical Examination Waiver

Date: [Insert Date]

To: [Recipient's Name]

[Recipient's Title]

[Organization Name]

[Organization Address]

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 my upcoming volunteer activities with [Organization Name].

Due to [brief explanation of reasons such as personal circumstances, previous medical conditions, etc.], I kindly ask for your consideration in waiving this requirement. I am committed to ensuring a safe and healthy environment for all volunteers and participants involved.

Thank you for considering my request. I appreciate your understanding and support. Please feel free to contact me at [Your Phone Number] or [Your Email Address] if you require any further information or documentation.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]