

Urgent Request for Medical Exam Waiver

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient's Name]

[Recipient's Title]

[Organization/Institution Name]

[Organization Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request a waiver for the medical exam requirement due to my disability. As a person living with [Specify Disability], I face significant challenges that hinder my ability to complete the standard medical examination.

My condition has been documented by my healthcare provider, [Provider's Name], who can attest to the limitations I experience and the impracticality of fulfilling this requirement. I have attached relevant documentation for your review.

I appreciate your understanding and consideration of my situation. A waiver would greatly assist me in continuing my [Specify Purpose, e.g., employment, education] without unnecessary obstacles due to my disability.

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

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]