

Letter of Waiver Request

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

[Recipient Name]

[Recipient Title/Organization]

[Recipient Address]

[City, State, Zip Code]

Dear [Recipient Name],

I am writing to formally request a waiver for the required medical examination due to my deeply held religious beliefs. I am a member of [Your Religion/Belief System], and it is against my faith to undergo [specific medical examination] for the following reasons: [briefly explain your beliefs and how they conflict with the medical examination].

I respect the policies regarding medical examinations; however, I kindly ask for an exemption based on my religious convictions. I am willing to provide any further documentation or details necessary to support my request.

Thank you for considering my request. I look forward to your understanding and support regarding this matter.

Sincerely,

[Your Name]