

Vaccine Exemption Documentation

Date: **[Insert Date]**

To Whom It May Concern,

I, **[Your Name]**, residing at **[Your Address]**, am writing to formally request an exemption from adult vaccination requirements for medical/religious reasons.

Details of the exemption request are as follows:

- **Vaccine Name:** [Insert Vaccine Name]
- **Reason for Exemption:** [Insert Reason]

Attached you will find any necessary documentation supporting my request, including **[Medical Records/Religious Documentation/etc.]**.

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

Sincerely,

[Your Name]
[Your Phone Number]
[Your Email Address]