

Vaccine Exemption Request Letter

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[Organization/School Name]

[Organization/School Address]

Dear [Recipient's Name],

I am writing to formally request an exemption from [specific vaccine name] for my [son/daughter/self], [Child's Name], due to [state the legitimate medical reason, e.g., a medical condition or allergy].

According to [relevant laws or guidelines], individuals with certain medical conditions are eligible for vaccine exemptions. Attached are the relevant medical documents from [Physician's Name/Clinic] verifying the condition. The details of the condition are as follows:

- **Condition:** [Insert Medical Condition]
- **Physician's Recommendations:** [Provide recommendations if applicable]

Due to this medical condition, it is advised that [Child's Name] not receive the vaccine. I assure you that this request is made in the best interest of my [son/daughter/self].

Thank you for your consideration. Please feel free to contact me at [Your Phone Number] or [Your Email Address] should you require any additional information.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email Address]