

Vaccine Exemption Letter

Date: [Insert Date]

[Recipient's Name]

[Recipient's Title]

[School/Organization Name]

[Address]

[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally request an exemption from the vaccination requirement for my child, [Child's Name], who is enrolled in [grade/class] at [School's Name]. This request is based on my personal beliefs which are deeply held and not based on a medical condition.

Due to my beliefs, I do not feel it is in my child's best interest to receive the vaccines required by [State/Local School District]. I understand the importance of vaccinations; however, I believe that my child's right to choose with regard to medical interventions should be respected.

Please let me know if you require any further information or documentation to process this exemption request. I appreciate your understanding and assistance in this matter.

Sincerely,

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email Address]

[Your Phone Number]