

Temporary Vaccine Exemption Notice

Date: [Insert Date]

To Whom It May Concern,

This notice is to inform you that [Name], residing at [Address], is temporarily exempted from receiving the [specific vaccine] due to [reason for exemption, e.g., medical condition, personal beliefs].

The exemption is valid from [start date] to [end date] and will be reviewed before the expiration.

Please feel free to contact [Contact Information] for any further inquiries regarding this exemption.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Title/Position]

[Your Organization/Institution Name]