

# Medical Exemption Request for Vaccination

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Your Email]

[Your Phone Number]

To Whom It May Concern,

I am writing to formally request a medical exemption from the vaccination requirement due to [specific medical condition or reason]. I have discussed this matter with my healthcare provider, [Provider's Name], who supports my request for exemption on medical grounds.

Please find attached documentation from my healthcare provider detailing my medical condition and the reasons why vaccination poses a risk to my health.

I appreciate your understanding and consideration of my request. If you require any further information or documentation, please do not hesitate to contact me.

Thank you for your attention to this matter.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]