

# Personal Exemption Statement

Date: [Insert Date]

To Whom It May Concern,

I, [Your Name], am writing to formally state my personal exemption from the following medical procedure(s): [Specify the medical procedure(s)]. Due to [briefly explain reasons such as personal beliefs, medical conditions, etc.], I am unable to participate in this procedure.

I kindly request that this exemption be acknowledged and respected. Attached are any supporting documents that validate my request.

Thank you for your understanding.

Sincerely,

[Your Name]

[Your Address]

[Your Phone Number]

[Your Email]