

# Vaccination Exemption Appeal Letter

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

I am writing to formally appeal for an exemption from the vaccination mandate due to [insert reason, e.g., medical, religious, or philosophical beliefs].

As per [insert relevant policy or law], I believe that my circumstances warrant consideration for an exemption. [Briefly explain your reasons and any supporting information, such as medical conditions or religious beliefs].

I have attached relevant documentation to support my appeal, including [list the documents, e.g., doctor's note, religious statements].

I appreciate your time and consideration of my request and look forward to your prompt response.

Thank you for your attention to this matter.

Sincerely,

[Your Name]