[Your Name]
[Your Address]
[Your Phone Number]
[Your Email]

[Date]

[Recipient Name]
[Title]
[Organization/School Name]
[Organization Address]

Subject: Formal Request for Vaccination Exemption

Dear [Recipient Name],

I am writing to formally request an exemption from the [Mandatory Vaccine Name] vaccination requirement for [myself / my child, Name].

I am requesting this exemption based on the following grounds:

[Select one and delete the others]:

- **Medical Exemption:** I have an underlying medical condition or contraindication that makes this vaccination unsafe. Please find the attached documentation from a licensed healthcare provider supporting this claim.
- **Religious Exemption:** This vaccination requirement conflicts with my sincerely held religious beliefs and practices.
- **Personal/Philosophical Exemption:** This request is based on my personal beliefs and conscientious objections.

I understand the risks associated with not being vaccinated and agree to follow any alternative safety protocols required by [Organization Name], such as [testing, masking, or remote work/study], in accordance with applicable laws and policies.

Please let me know if there are specific forms required to finalize this request or if additional information is needed. I look forward to your response.

Sincerely,

[Signature]

[Your Printed Name]