

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]
[Recipient's Name]
[Recipient's Title/Position]
[Clinic/Hospital Name]
[Clinic/Hospital Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I am writing to formally document my allergy to the Tdap vaccine. Due to my previous adverse reactions, I am unable to receive this vaccine and seek a medical exemption.

Please find my medical history outlined below:

- [Describe any previous allergic reactions to the Tdap vaccine or its components]
- [Include any relevant medical history or diagnoses]

I appreciate your understanding and support in this matter. Please let me know if you require any further information or documentation.

Thank you for your attention to this important health issue.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]