

[Your Name]
[Your Address]
[City, State, ZIP Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Position]
[Institution/Organization Name]
[Institution/Organization Address]
[City, State, ZIP Code]

Dear [Recipient's Name],

Subject: Request for Tdap Vaccine Exemption

I am writing to formally request an exemption from the Tdap (Tetanus, Diphtheria, and Pertussis) vaccine requirement due to [specific reason for exemption, e.g., medical, religious, personal beliefs].

[Brief explanation of your reason for the exemption, ensuring clarity and conciseness.]

As a result of my circumstances, I believe that receiving the Tdap vaccine would not be in my best interest. [Optional: You may wish to mention any supporting documents or evidence supporting your request.]

I appreciate your consideration of my request. Please let me know if you require any further information or documentation.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Signature (if sending a hard copy)]
[Your Title/Position (if applicable)]