

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

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

Dear [Recipient Name],

I am writing to request a medical exemption for the Tdap vaccine for my [son/daughter], [Child's Name], who is currently enrolled in [grade/school name, if applicable].

[Child's Name] has a medical condition that contraindicates the administration of the Tdap vaccine. [Briefly explain the medical condition and why the vaccine is contraindicated, supported by a healthcare provider's input].

Enclosed with this letter are copies of relevant medical documentation supporting this request.

I appreciate your understanding and consideration of this request for a medical exemption. Please feel free to contact me at [phone number] or [email address] should you require any further information.

Thank you for your attention to this matter.

Sincerely,

[Your Name]
[Your Relationship to the Child]
[Enclosures: Medical documentation]