

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

[Recipient's Name]
[Recipient's Title]
[Organization/School Name]
[Organization Address]
[City, State, Zip Code]

Dear [Recipient's Name],

Subject: Tdap Vaccine Waiver Request

I am writing to formally request a waiver for the Tdap vaccine requirement for [yourself/your child, specify name and date of birth if applicable]. Due to [reason for the waiver request, e.g., personal, medical, or religious beliefs], I am unable to receive this vaccine. I understand the importance of vaccinations and am fully committed to maintaining health and safety. However, I respectfully ask for your consideration of my request for an exemption from the Tdap vaccination. Attached, you will find any necessary documentation supporting my request.

Thank you for your attention to this matter. I look forward to your response.

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]