[PHYSICIAN NAME]

[PRACTICE NAME]

[ADDRESS]

[CITY, STATE, ZIP CODE]

[DATE]

[AUDITOR]

Figliozzi & Company, CPAs P.C.

585 Stewart Avenue

Suite 416

Garden City, NY 11530

**RE: Support for Exclusion to Objective 10 Measure 1: Immunization Registry Reporting**

Dear [Auditor]:

I am writing to attest that I did not administer immunizations during the EHR reporting period, [DATE] through [DATE]. As an ophthalmologist, my care of my patients is limited to their eye health and eye conditions, and I do not administer any immunizations to my patients. As a result, I do not have any data to submit to an immunization registry and meet the criteria for exclusion from the immunization reporting public health measure.

Sincerely,