

Health Risk Assessment Offer

Date: [Insert Date]

[Recipient's Name]

[Recipient's Address]

[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to extend an offer for you to participate in a comprehensive Health Risk Assessment (HRA). This assessment is designed to help you understand your health status and identify potential risks that may affect your well-being.

The Health Risk Assessment includes:

- Personal health questionnaire
- Biometric screenings (e.g., blood pressure, cholesterol levels)
- Personalized feedback on health status
- Recommendations for lifestyle changes and resources

Participation in this assessment is completely voluntary, and all information collected will remain confidential.

If you are interested in this opportunity, please respond by [Insert Deadline]. We look forward to your positive response.

Best Regards,

[Your Name]

[Your Position]

[Your Organization]

[Your Contact Information]