

Health Screening Notification

Date: [Insert Date]

Dear [Athlete's Name],

We are pleased to inform you that as part of our commitment to the health and safety of our athletic participants, we will be conducting health screenings for all athletes participating in our programs.

Screening Details:

- **Date:** [Insert Screening Date]
- **Time:** [Insert Screening Time]
- **Location:** [Insert Screening Location]

Please ensure you come prepared with the necessary documentation, including any medical records or prior health assessments. It is essential for us to gather accurate information to provide a safe environment for all athletes.

Should you have any questions or require further information, please do not hesitate to contact us at [Insert Contact Information].

Thank you for your attention to this important matter. We look forward to seeing you at the screening.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]