

Pediatric Health Screening Notice

Date: [Insert Date]

Dear Parent/Guardian,

We are pleased to inform you that [School/Organization Name] will be conducting pediatric health screenings for all students on [Insert Date] from [Insert Time]. The screenings will include assessments of vision, hearing, height, weight, and general health.

Please ensure your child is present and dressed appropriately on the day of the screening. If you have any concerns or if your child requires specific accommodations, do not hesitate to reach out.

Thank you for your cooperation in promoting the health and well-being of our students.

Sincerely,

[Your Name]

[Your Position]

[School/Organization Name]

[Contact Information]