

# Participation Request for Health Assessment

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Recipient Name: \_\_\_\_\_

Recipient Title: \_\_\_\_\_

Recipient Organization: \_\_\_\_\_

Recipient Address: \_\_\_\_\_

Recipient City, State, Zip: \_\_\_\_\_

Dear [Recipient Name],

I hope this message finds you well. I am writing to formally request your participation in a health assessment program aimed at improving community health outcomes. We believe that your insights and experiences would be invaluable to this initiative.

The health assessment will involve a series of questionnaires and interviews designed to gather important information about health behaviors and outcomes. Your participation would greatly contribute to the success of this assessment.

Please let us know your availability for a brief meeting to discuss this further. We appreciate your consideration and look forward to the possibility of your participation.

Thank you for your attention.

Sincerely,

[Your Name]

[Your Title]

[Your Organization]