

Corporate Wellness Program

Date: [Insert Date]

Employee Name: [Insert Employee Name]

Employee ID: [Insert Employee ID]

Blood Pressure Assessment Notification

Dear [Employee Name],

As part of our ongoing Corporate Wellness Program, we are pleased to inform you that we will be conducting a Blood Pressure Assessment on [Insert Date] from [Start Time] to [End Time] in [Location]. This assessment is designed to support your health and well-being.

Please ensure you:

- Arrive at least 10 minutes early for your appointment.
- Avoid caffeine and heavy meals for at least one hour prior to the assessment.
- Wear a short-sleeved shirt for ease of access.

Your participation is important, and we encourage you to take an active role in your health. Results will be kept confidential and reviewed by our health professionals.

If you have any questions or cannot attend the scheduled assessment, please contact [Contact Name] at [Contact Email/Phone Number].

Thank you for contributing to a healthier workplace!

Sincerely,

[Your Company Name]

[Your Company Contact Information]