

# Health Screening Results

Date: [Insert Date]

To: [Recipient's Name]

From: [Your Institution's Name]

Address: [Institution Address]

Email: [Institution Email]

**Dear [Recipient's Name],**

We are writing to inform you of the results of your recent health screening conducted on [Screening Date] at [Location or Event Name].

## **Health Screening Details:**

- **Name:** [Student's Name]
- **Date of Birth:** [DOB]
- **Identification Number:** [ID Number]

## **Screening Results:**

- **Blood Pressure:** [Result]
- **Heart Rate:** [Result]
- **Cholesterol Level:** [Result]
- **Blood Sugar Level:** [Result]
- **Body Mass Index (BMI):** [Result]

**Overall Assessment:** [Assessment]

If you have any questions regarding your results or if you require further consultation, please do not hesitate to contact our health office at [Contact Information].

Thank you for your attention to your health.

Sincerely,

[Your Name]

[Your Position]

[Institution's Name]