

Notice of Periodic Occupational Health Assessment

Date: _____

To: [Employee Name]

Department: [Department Name]

Dear [Employee Name],

This notice is to inform you that a periodic occupational health assessment will be conducted on [Date of Assessment] at [Location]. The purpose of this assessment is to ensure that our work environment remains safe and healthy for all employees and to address any potential health issues related to your work.

Please be prepared to participate in this assessment and provide any necessary information regarding your health and job-related tasks. Your cooperation is important for maintaining workplace safety and health.

If you have any questions or require further information, please do not hesitate to contact [HR/Occupational Health Department Contact Information].

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Job Title]

[Company Name]

[Contact Information]