

Enrollment Confirmation for Health Assessment Program

Dear [Participant's Name],

We are pleased to inform you that you have been successfully enrolled in our Health Assessment Program. Your commitment to improving your health and well-being is commendable.

Your program details are as follows:

- **Program Start Date:** [Start Date]
- **Location:** [Program Location]
- **Contact Person:** [Contact Name] - [Contact Phone/Email]

We encourage you to reach out with any questions or concerns as you prepare to participate in this program.

Thank you for taking this important step towards a healthier lifestyle!

Best Regards,

[Your Organization's Name]

[Your Organization's Contact Information]