

Agreement to Participate in Health Testing Initiatives

Date: **[Insert Date]**

To: **[Participant's Name]**

Address: **[Participant's Address]**

Dear [Participant's Name],

We are pleased to inform you that you have been selected to participate in our health testing initiatives aimed at improving community health outcomes. Your participation is valuable and will contribute significantly to our research goals.

By signing this agreement, you acknowledge and agree to the following terms:

- You will participate in the health testing process as outlined in our provided guidelines.
- Your health information will be kept confidential and used solely for research purposes.
- You have the right to withdraw from the study at any time without any consequences.

If you agree to these terms, please sign below:

Participant Signature

Date: _____

Thank you for your commitment to advancing health research.

Sincerely,

[Your Name]

[Your Title]

[Organization Name]

[Contact Information]