

Post-Trial Health Status Check

Date: **[Insert Date]**

Participant Name: **[Insert Participant Name]**

Study Title: **[Insert Study Title]**

Dear [Participant Name],

We hope this message finds you well. As part of our commitment to your health and well-being following your participation in the [Study Title] clinical trial, we would like to check on your current health status.

Could you please provide us with the following information:

- Any changes in your health since the end of the trial?
- Any ongoing medications or treatments you are receiving?
- Any symptoms or conditions you wish to discuss?

Your feedback is invaluable in our ongoing research and helps us ensure the safety and well-being of all participants.

Please respond to this email or contact us at [Insert Contact Information] by [Insert Response Deadline].

Thank you for your continued participation and support!

Sincerely,
[Your Name]
[Your Title]
[Your Organization]