

Employee Health Screening Compliance Acknowledgment

Date: _____

Employee Name: _____

Employee ID: _____

Department: _____

Dear [Employee Name],

This letter serves as an acknowledgment of your compliance with the mandatory health screening process established by [Company Name]. We appreciate your cooperation in promoting a healthy workplace environment.

By signing below, you confirm that you have completed all required health screenings and have submitted the necessary documentation as outlined in the company policy.

Please provide your signature below:

Employee Signature

Thank you for your commitment to workplace health and safety.

Sincerely,

[Your Name]

[Your Title]

[Company Name]