

Allergy Testing Results

Date: [Insert Date]

To: [Employee Name]

Department: [Department Name]

From: [Healthcare Provider's Name]

Facility: [Facility Name]

Allergy Testing Report

Dear [Employee Name],

We have completed your allergy testing as part of the workplace health program. Below are the results:

Test Results:

- **Allergen:** [Allergen Name] - **Result:** [Positive/Negative]
- **Allergen:** [Allergen Name] - **Result:** [Positive/Negative]
- **Allergen:** [Allergen Name] - **Result:** [Positive/Negative]

Recommendations:

Based on the results, we recommend the following:

- [Recommendation 1]
- [Recommendation 2]
- [Recommendation 3]

Please consult with your supervisor for accommodations as necessary. If you have any questions regarding your results, do not hesitate to contact us.

Sincerely,

[Healthcare Provider's Name]

[Title]

[Contact Information]