

Job Site Health Assessment for Contractors

Date: [Insert Date]

To: [Contractor's Name]

Company: [Contractor's Company]

Address: [Contractor's Address]

Dear [Contractor's Name],

We are conducting a health assessment to ensure the safety and wellness of all contractors working on the [Project Name] job site. This assessment is part of our commitment to maintaining a healthy work environment compliant with [relevant regulations or standards].

Please complete the attached health assessment form and return it by [insert due date]. The information collected will be kept confidential and will only be used for the purpose of this assessment.

Your cooperation is essential to our ongoing efforts to promote health and safety at our work sites.

Thank you for your attention to this important matter.

Sincerely,

[Your Name]

[Your Position]

[Your Company]

Contact: [Your Contact Information]