

# Acknowledgment of Health Assessment Completion

Date: [Insert Date]

[Recipient's Name]  
[Recipient's Address]  
[City, State, Zip Code]

Dear [Recipient's Name],

We are pleased to acknowledge the completion of your health assessment conducted on [insert assessment date]. This assessment is an important part of our ongoing commitment to ensure the health and well-being of our participants.

We appreciate your cooperation and the time you dedicated to this process. Your health assessment results will be reviewed by our medical team, and you will be notified of any findings or recommendations as necessary.

If you have any questions or require further information, please do not hesitate to contact us at [insert contact information].

Thank you for your participation.

Sincerely,

[Your Name]  
[Your Position]  
[Organization Name]  
[Organization Address]  
[City, State, Zip Code]  
[Phone Number]  
[Email Address]