

Receipt for Health Assessment Documentation

Date: [Insert Date]

To: [Recipient's Name]

Address: [Recipient's Address]

Dear [Recipient's Name],

This is to confirm that we have received your documentation for the health assessment conducted on [Insert Date of Assessment]. Below are the details of your submission:

- **Document Type:** Health Assessment Form
- **Date of Assessment:** [Insert Date]
- **Assessment Provider:** [Provider's Name]

Thank you for your timely submission. Should you have any questions, please feel free to contact us at [Insert Contact Information].

Sincerely,

[Your Name]

[Your Title]

[Your Organization]