## **Student Health Assessment Compliance** Letter

Date: [Insert Date]

To Whom It May Concern,

Re: Health Assessment for [Student's Name], [Grade Level]

We are writing to inform you about the health assessment compliance for [Student's Name], who is a student in [Grade Level] at [School Name]. As required by [State/Local] health regulations, we have conducted a comprehensive health assessment.

Details of the Assessment:

- Height: [Insert Height]
- Weight: [Insert Weight]
- Vision Screening: [Pass/Fail]
- Hearing Screening: [Pass/Fail]
- Immunization Status: [Up to Date/Needs Attention]
- Any Special Health Concerns: [Yes/No, specify if yes]

The next steps regarding [Student's Name]'s health will involve [details of any follow-up, if applicable].

If you have any questions or require further information regarding this health assessment, please do not hesitate to contact our office at [Contact Number] or [Email Address].

Sincerely,

[Your Name]

[Your Position]

[School Name]

[School Address]