

Metabolic Health Risk Assessment

Date: [Insert Date]

To: [Employee Name]

From: [Wellness Program Coordinator]

Subject: Metabolic Health Risk Assessment Results

Dear [Employee Name],

We are pleased to inform you that your metabolic health risk assessment has been completed as part of our corporate wellness program. This assessment was designed to evaluate factors that may affect your overall health and well-being.

Assessment Summary:

- **Body Mass Index (BMI):** [Insert BMI]
- **Waist Circumference:** [Insert Waist Measurement]
- **Blood Pressure:** [Insert Blood Pressure Reading]
- **Cholesterol Levels:** [Insert Cholesterol Results]
- **Blood Glucose Levels:** [Insert Glucose Results]

Risk Classification:

Your results indicate that you are classified as [Insert Risk Category: Low/Moderate/High].

Recommendations:

Based on your results, we recommend the following actions:

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

Next Steps:

We encourage you to schedule a follow-up consultation with our wellness team to discuss your results and develop a personalized health improvement plan.

Thank you for participating in our corporate wellness program. Together, we can work towards achieving better metabolic health.

Sincerely,

[Your Name]

[Your Title]

[Company Name]

[Contact Information]