Annual Workforce Health Assessment Report 2026

Workforce Size: 50 Employees

Assessment Year: 2026

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This report presents anonymised aggregated physiological findings derived from AI Health Scanner assessments conducted under medical supervision.

Dear ▨▨▨▨

Please find enclosed the Annual Workforce Health Assessment Report summarising anonymised aggregated findings from your organisation's 2026 workforce screening cycle.

This assessment was conducted under medical supervision using non-invasive physiological analysis. The report provides structured insight into functional health patterns identified across participating employees. The assessment supports documented workforce health oversight within a structured and medically supervised framework.

The organisation receives aggregated data only. No identifiable medical information has been shared.

Each participating employee has received:

- A confidential individual health report
- Clinical interpretation of their findings
- A clearly defined health risk categorisation (Low Risk / Monitoring Advised / Follow-Up Recommended), together with explanation of any abnormal findings identified
- Clear explanation of potential health implications
- Written guidance outlining recommended actions over the next 12 months
- Advice regarding GP referral or further evaluation where clinically indicated

At workforce level, the findings demonstrate measurable functional physiological strain within a proportion of employees, particularly in stress regulation and inflammatory domains. These patterns represent early-stage imbalance rather than diagnosis, but they warrant observation and, where appropriate, individual medical follow-up.

Annual reassessment enables objective comparison of physiological trends over time.

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1. Where Your Workforce Currently Stands

Based on the 2026 screening cycle:

Overall Position

A majority of assessed employees demonstrate measurable functional physiological deviation requiring monitoring or structured follow-ups. This indicates that functional imbalance is not isolated but present across a significant proportion of the workforce.

Primary Clinical Signals

Dominant findings relate to sustained stress activation and inflammatory load patterns. These markers reflect cumulative autonomic demand and insufficient physiological recovery over time.

Cardiovascular and metabolic strain are present in clinically meaningful subgroups, particularly where markers overlap.

Mid-Career Vulnerability

Employees aged 30–49 demonstrate the highest levels of stress-related physiological deviation.

Continued structured observation of this cohort in future screening cycles is clinically advisable.

Immediate Interpretation

Your workforce is not in immediate clinical crisis.

However, early functional imbalance is present in the majority of assessed employees.

Without periodic reassessment, progression cannot be objectively measured.

2. Executive Workforce Health Snapshot

Workforce Risk Tier Distribution – 2026
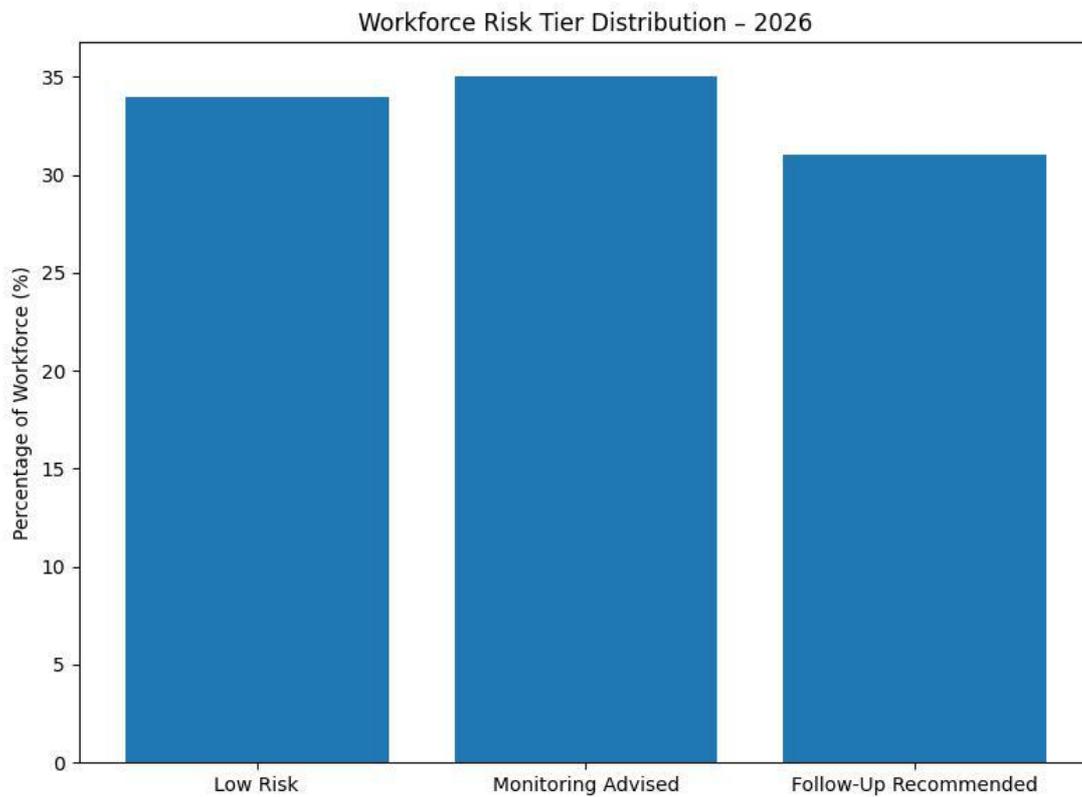
31% of assessed employees fall within the Follow-Up Recommended category.

35% demonstrate early functional deviation requiring monitoring.

34% are currently categorised as Low Risk.

These findings indicate that a majority of the workforce exhibits measurable physiological strain at varying levels of significance.

Early identification at this stage provides opportunity for proportionate intervention before progression into clinically symptomatic or absence-related conditions.

3. Age-Stratified Clinical Observation

Stress Regulation Deviation by Age Group – 2026
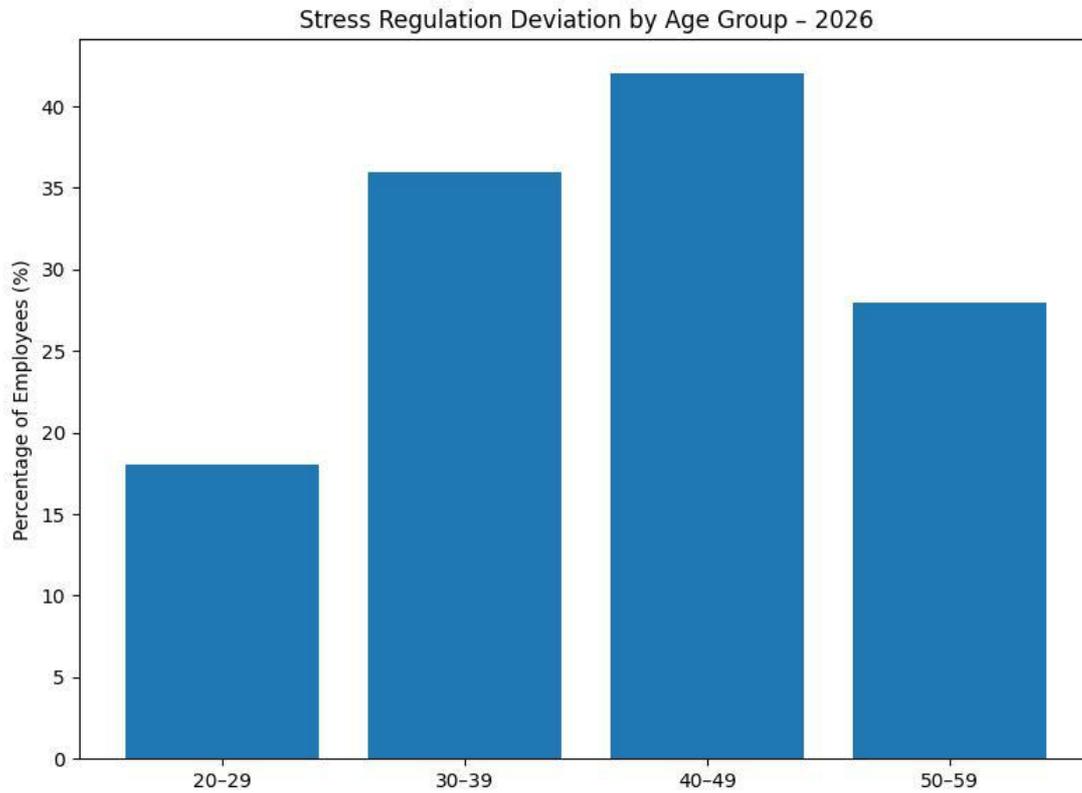
Stress-related physiological deviation in your organisation peaks within the 40–49 group (42%), followed by 30–39 (36%).

These groups correspond to peak occupational demand years and demonstrate increased cumulative allostatic load (chronic stress) exposure.
Continued observation of these cohorts in future screening cycles and proportionate individual medical follow-up is clinically advisable.

4. Primary Physiological Signals Identified

Primary Physiological Signal Distribution – 2026
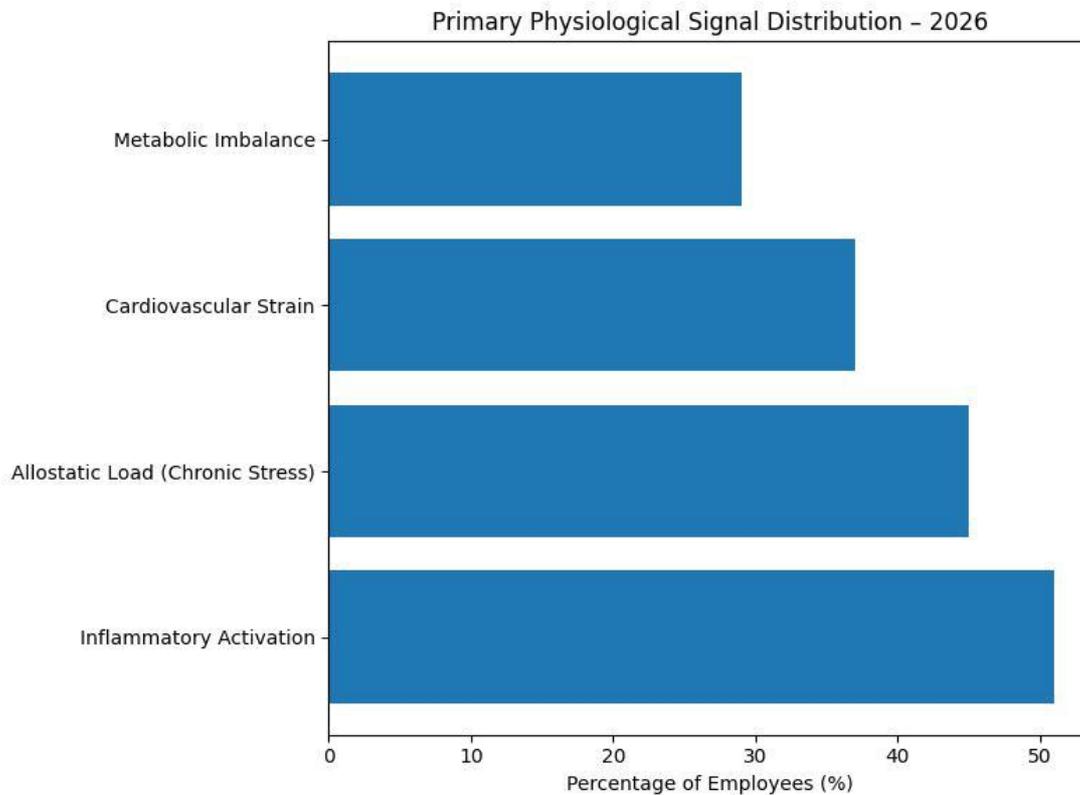
Inflammatory activation (51%) and elevated allostatic load (45%) represent the dominant

physiological signals within the workforce.

Cardiovascular strain (37%) and metabolic imbalance (29%) are present in smaller

but clinically relevant proportions.

These patterns reflect sustained regulatory demand across autonomic, inflammatory, and
cardiometabolic systems. Findings represent functional deviation only and do not
constitute medical diagnosis.

5. Recommended Clinical Pathway

The following steps remain strictly within medical scope:

1. **Maintain Annual Screening:** Annual reassessment provides objective trend comparison and identifies stabilisation or progression of physiological strain.

2. **Confidential Individual Follow-Up:** Employees categorised as Follow-Up Recommended received direct confidential clinical guidance from Phoenix Medical Clinic. Organisations may remind employees that confidential reassessment pathways remain available.

3. **Encourage Voluntary Engagement:** Organisations may remind employees that confidential consultation pathways remain available following screening. All medical pathways remain optional and clinically supervised.

4. **Monitor Mid-Career Employee Groups:** Given elevated stress deviation within 30–49 age groups, continued structured observation in subsequent screening cycles is advisable.

6. Operational Relevance of Findings

While this report remains strictly clinical in scope, the aggregated physiological patterns identified carry recognised occupational implications.
Sustained stress activation and inflammatory load are associated in published medical literature with:

- Increased fatigue and reduced cognitive resilience
- Slower recovery following illness
- Elevated long-term cardiovascular risk
- Greater likelihood of stress-related absence where unmanaged

Identification of early functional imbalance allows proportionate medical follow-up before progression into symptomatic or work-limiting conditions.
From an occupational health perspective, structured annual screening provides measurable oversight of physiological strain within the workforce and enables objective year-on-year comparison.

7. Clinical Position Statement

This report provides workforce-level physiological risk mapping based on non-invasive functional assessment. It does not provide medical diagnosis, replace GP assessment, or dictate organisational governance decisions. Its purpose is early identification, proportionate and detailed clinical guidance. It does not constitute medical diagnosis.

8. Regulatory Statement

All data is anonymised at organisational level and processed in accordance with UK GDPR standards. Individual medical information remains confidential between the employee and clinician.

End of Report.