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515 Elmwood Ave Providence RI 02907

Physical Form
HITEP
Health Examination
Required for Nurse Aid Course

To be completed by a Nurse:

Student Name: Ryan Sharpe Program Code No: P1

Tuberculosis Negative two-step PPD required

#1. Date Administrated: ____ Date Read: _Results: ____

#2. Date Administrated: ____ Date Read: _Results: ____ **OR**

If an BAMT was processed or Chest x-ray was obtained, Date of Negative Results: 2/7/24 neg Result BAMT.

YES NO

☑ ☐

Vaccine-

MMR, 8/15/08 – 4/13/09

Varicella, 9/24/24 vaccine

Tdap, 9/24/24 vaccine

Influenza, 9/24/24

Hepatitis B 2/14/08 8/15/08 11/08/22

☑ **I certify that this applicant was examined and believe them to be free of communicable disease in a communicable state.**
Applicant is able to perform the duties of a nursing assistant.

Annual Physical-Applicant is free from any restriction or limitations.

Note: If any restrictions.

2/7/24 physical NO restrictions NO limitations

Nurse Coordinator Signature: Dmarie C, RN

Date: 2/10/25