401 7852202 : Info@hitepri.com
515 Elmwood Ave Providence RI 02907

Physical Form
HITEP
Health Examination
Required for Nurse Aid Course

To be completed by a Nurse:

Student Name: Mireille Debrosse 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: 10/17/24 neg Result + BAMT

YES ☑ NO ☐

Vaccine-

MMR, 4/4/24 titer

Varicella, 4/4/24 vaccine

Tdap, 4/4/24 titer

Influenza, 4/4/24 vaccine

Hepatitis B 4/4/24 titer

☑ **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.

4/4/24 physical no restrictions no limitations

Nurse Coordinator Signature: [signature], RN

Date: 2/10/25