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: Lucia Laureano 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: 5/30/2025 Neg Results BAMT.

YES NO
☑ ☐

Vaccine-
MMR, A 1/24/25 titer
Varicella, 1/24/25 vaccine titer
Tdap, 11/2/18 vaccine
Influenza, 1/24/25 titer
Hepatitis B 1/24/25 Vaccine

☑ **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.

1/24/25 physical no restrictions no limitations

Nurse Coordinator Signature: D Franklin, RN

Date: 2/10/25