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: Lianette Salines 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: 11/24/24 Neg Results BAMT

YES NO

☑ ☐

Vaccine-

MMR, 10/13/09 — 1/19/07 vaccine

Varicella, 10/13/09 vaccine

Tdap, 2/20/21 vaccine

Influenza, 11/4/24 vaccine

Hepatitis B 1/19/07, 9/03/05, 8/02/05

☐ **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.

_____

_____

_____

Nurse Coordinator Signature: _____

Date: _____