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: Monica D. Pocon 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: 11/11/24 Titer BAMT Neg Results.

YES NO

☐ ☐

Vaccine-

MMR, 9/5/22, 4/18/23 Vaccine

Varicella, 9/5/22, 4/18/23, 12/1/23 Vaccine

Tdap, 11/11/24 Vaccine

Influenza, 9/5/22, 4/18/23

Hepatitis B

☑ **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.

11/12/24 Physical no Restriction no limitations

Nurse Coordinator Signature: [signature], RN

Date: 2/20/25