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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: Rosanna Carrasco 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: 1/14/25 Neg Results

YES ☑ NO ☐

Vaccine-

MMR, 7/8/09

Varicella, 8/9/10

Tdap, 11/06/18

Influenza, 1/14/25

Hepatitis B 4/16/13

☑ 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.

1/14/25 Physical no limitations
no Restrictions

Nurse Coordinator Signature: D Mauk C, RN

Date: 2/10/25