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: Charicena Mejia. Program Code No: 12

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: Ø 2/10/25

YES NO

☐ ☐

Vaccine-

MMR, 1/18/25 Vacc

Varicella, 2/14/25

Tdap, 2/14/25

Influenza, ~~lot~~ 1/18/25 Vacc

Hepatitis B 1/18/25 Vacc.

☐ **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.

2/14/25 physical. no restriction no limitation.

Nurse Coordinator Signature: Dmankl, RN

Date: 2/10/25