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: Melissa massena 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: 2/11/25 neg result BAME

YES NO

Vaccine-

MMR, 2/12/25 titer

Varicella, 2/12/25 titer

Tdap, 2/12/25 titer

Influenza 2/12/25 vaccine

Hepatitis B 6/30/24

☑ **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.

2/12/25 physical no restriction no limitations

Nurse Coordinator Signature: Dmarkl, RN

Date: 2/10/25