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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: Giselene Boj Program Code No: P 1

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: 1/17/25 neg Results BAMT

YES ☑ NO ☐

Vaccine-

MMR, 1/23/25

Varicella, 6/6/18 Vaccine

Tdap, 10/23/12 - 12/22/12, 9/14/18

Influenza, 1/23/25

Hepatitis B 1/23/25

☑ **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.

1/15/25 physical — no restriction no limitations

Nurse Coordinator Signature: Dmankel, RN

Date: 2/10/25