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: Mariamita Cardoza Program Code No: P2

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: Quantiferon 4/27/24 Neg Results BAMT

YES NO

☑ ☐

Vaccine-

MMR, 1/16/25 titer

Varicella, 1/16/25 titer

Tdap, 7/18/24 vaccine

Influenza, 1/30/25

Hepatitis B 1/16/25

☑ **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.

1/30/25 physical no restrictions no limitations.

Nurse Coordinator Signature: [signature], RN

Date: 2/10/25