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: Emma Hilario

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: 1/16/25 neg Results BAMT

YES NO

☐ ☐

Vaccine-

MMR, 11/6/2009 MMR.

Varicella, 10/30/09 varicella TACr

Tdap, 10/30/09 Tdap

Influenza, 9/9/24 vaccine

Hepatitis B 1/25/24 vaccine

☑ **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.

2/6/24 Physical NO Restriction NO limitation

Nurse Coordinator Signature: Imanpal, RN

Date: 2/10/25