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: Danielle Tomirsky 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: 2/12/25 Neg. results BAMT

YES ☑ NO ☐

Vaccine-

MMR, 02/12/25

Varicella, 7/20/01, 7/12/07.

Tdap, 2/11/25

Influenza, 1/23/25 Vaccine

Hepatitis B 2/11/25

☑ **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.

1/25/25 physical ND restrictions ND limitations

Nurse Coordinator Signature: D mankl., RN

Date: 2/10/25