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: Naisha Ruiz

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: 1/14/25 neg Results BAMT.

YES ☑ NO ☐

Vaccine-

MMR, 9/30/96, 11/30/97 Vaccine

Varicella, 12/18/24 Vaccine.

Tdap, 4/9/07, 3/15/19 Vaccine

Influenza, 12/18/24 Vaccine

Hepatitis B 7/30/95, 8/30/95, 4/30/96

☑ **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.

12/18/24 Physical no restrictions no limitations

Nurse Coordinator Signature: D Frankel, RN

Date: 2/10/25