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: Andris Henriquez

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: 1/29/25 neg Result (BAMT)

YES ☑ NO ☐

Vaccine-

MMR, 11/9/19 Vaccine

Varicella, 1/29/25 titer

Tdap, 12/5/06, 11/9/09, 3/11/11

Influenza, 11/9/19 Vaccine

Hepatitis B 1/29/25 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.

1/29/25 typical NO restrictions NO limitations

Nurse Coordinator Signature: Dmanbal, RN

Date: 2/10/25