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: Mary luz Morales Program Code No: P1

Tuberculosis Negative two-step PPD required

#1. Date Administrated: _____ Date Read: _____ Results: _____

#2. Date Administrated: _____ Date Read: _____ Results: _____ **OR**

Han BAMT was processed or Chest x-ray was obtained, Date of Negative Results: 2/4/25 My Results

YES NO

☐ ☐

Vaccine-

MMR, 1/28/25 Vaccine

Varicella, 2/4/25 titer

Tdap, 2/4/25 titer

Influenza, 2/4/25 titer

Hepatitis B 2/4/25 titer

☐ **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.

2/4/25 My physical. no restriction no limitations

Nurse Coordinator Signature: [signature] RN

Date: 2/10/25