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: Giselle D. Figueroa 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: 12/12/24 Neg Results BAMT.

YES NO

☑ ☐

Vaccine-

MMR, 12/12/24 Vaccine

Varicella, 12/20/24 / 1-17-24 Vaccine

Tdap, 12/20/24 Vaccine

Influenza, 10/11/24 Vacc

Hepatitis B 12/20/24 — 1/17/25

☑ 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.**

10/11/24 physical NO restriction
no limitation.

Nurse Coordinator Signature: I Dmarkl, RN

Date: 2/10/25