HITEP

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Physical Form
HITEP
Health Examination
Required for Nurse Aid Course

To be completed by a Nurse:

Student Name: A Onesty Delpino   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: 2/7/25

YES NO

☑ ☐

Vaccine-

MMR, 12/3/03, 12/12/06

Varicella, 3/22/16 vaccine

Tdap, 3/22/16 vaccine

Influenza, 12/3/24 vaccine

Hepatitis B ~~10/3/02~~, 1/13/03, 12/7/05

☑ **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.

2/7/25 Physical no restriction no limitation

Nurse Coordinator Signature: [signature], RN

Date: 2/10/25