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515 Elmwood Ave Providence RI 02907

Physical Form
HITEP
Health Examination
Required for Nurse Aid Course

To be completed by a Nurse:

Student Name: Rose Laure Antoine 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: 11/25/24 Neg Results.

YES NO

☐ ☐

Vaccine-_____

MMR, 11/26/24

Varicella, 11/26/24

Tdap, 11/25/24

Influenza, 11/25/24

Hepatitis B 12/11/24, 1/22/25

☐ **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.

11/25/24 Physical no Restrictions
no limitations

Nurse Coordinator Signature: Drank C, RN

Date: 2/10/25