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: Monique Ping

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: 1/9/25 neg Result BAMT

YES ☑ NO ☐

Vaccine-

MMR, 9/24/91 10/27/96

Varicella, 1/9/25 vaccine

Tdap, 1/9/25 vaccine

Influenza, 1/9/25 vaccine

Hepatitis B 6/28/00, 7/27/00, 2/23/21

☑ **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.

1/9/25 Physical no restrictions no limitations

Nurse Coordinator Signature: T Smarkel, RN

Date: 2/10/25