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: Vanessa Guzman 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: 4/27/24 neg results

YES NO

☐ ☐

Vaccine-

MMR, 8/5/09 - 12-8-09

Varicella, 12/8/09, 7/14/20

Tdap, 11/9/12, 11/9/12, 7/14/20

Influenza,

Hepatitis B 8/7/2020 9/7/2020, 2/12/07

☑ **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.

1/23/25 physical NO restriction
NO limitation

Nurse Coordinator Signature: Amanda C, RN

Date: 2/10/25