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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: Marlenny Lorenzo 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: 1/21/25 neg Results BAMT

YES ☑ NO ☐

Vaccine-

MMR, 8/1/24 Vaccine

Varicella, 8/1/24 Vaccine

Tdap, 8/1/24 Vaccine

Influenza, _____

Hepatitis B 8/1/24 Vaccine

☑ **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.

8/1/24 Physical NO restrictions
NO limitations

Nurse Coordinator Signature: [signature], RN

Date: 2/10/25