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: Jane Hemmsberger 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: 5/18/24 neg Results

YES ☑ NO ☐

Vaccine-_____

MMR, 5/18/24

Varicella, 2/7/25 vaccinated here

Tdap, 2/7/25 vaccinated here

Influenza, 12/19/24

Hepatitis B 5/18/24

☑ **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.

2/10/25 physical NO restrictions

NO limitations

Nurse Coordinator Signature: D Brault, RN

Date: 2/10/25