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: Diana Castano 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 proeessed or Chest x-ray was obtained, Date of Negative Results: 2/12/25 neg Report BBMD.

YES NO

☑ ☐

Vaccine-

MMR, 2/12/25 Prior

Varicella, 2/12/25 Prior

Tdap, 2/12/25 Prior

Influenza, 8/12/25 Vaccine

Hepatitis B 3/4/19 Vaccine.

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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.

2/12/25 Approved no restriction no limitations

Nurse Coordinator Signature: Diana C, RN

Date: 2/10/25