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: Tania Lopez 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: 6/7/24 neg Results BBMT

YES NO

☐ ☐

Vaccine-

MMR, 5/14/19, 2/6/19 vacc

Varicella, 5/14/19 Vacc

Tdap, 2/6/19 Vacc

Influenza, _____

Hepatitis B 11/19/19, 4/10/19, 2/6/19 vacc

☐ **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.

6/6/24 physical no restrictions
no limitations

Nurse Coordinator Signature: Drama C, RN

Date: 2/10/25