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: Jefferson Fana Padilla 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: 2/12/25 Neg

YES NO
☑ ☐

Vaccine-
MMR, 10/5/06, 8/15/11 vacc.
Varicella, 4/29/19 - 2/27/20
Tdap, 12/3/18
Influenza, 2/12/25
Hepatitis B 9/28/05, 12/1/05, 2/8/06-4/11/06

☑ **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 NO restriction
NO limitations

Nurse Coordinator Signature: _____, RN

Date: 2/10/25