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: yonaire ucela 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: 2/7/

YES ☑ NO ☐

Vaccine-

MMR, 1/24/25 given

Varicella, 1/24/25 given

Tdap, 1/24/25 given

Influenza, 2/7/25 Vaccine

Hepatitis B 2/7/25 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.

1/24/25 physical no restriction no limites

Nurse Coordinator Signature: D'mauri, RN

Date: 2/10/25