

**STAR MEDICAL EXAMINATION REPORT**  
**STAR, INC., 182 Wolpfit Avenue, Norwalk, CT 06851**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_ Date of Examination \_\_\_\_\_

**Significant family history, prenatal and birth history:**

**History of communicable diseases and other significant diseases or conditions (such as information on allergy if present, seizures, menstrual history, etc.)**

**Operations and serious accidents (give year of occurrence)**

**PHYSICIAN'S EXAMINATION**

Blood Pressure  
Height and weight  
Skin  
Vision  
Hearing  
Intellectual development  
Speech  
Eyes  
Lymph Nodes  
Ears  
Nose  
Throat  
Teeth and gums  
Heart  
Lungs  
Musculo-skeletal  
Nervous system  
Abdomen  
Genitals

**REQUIRED PROCEDURES**

	Result
Urine – sugar _____	
albumen _____	
Blood – hemoglobin _____	
or hematocrit _____	
VDRL _____	
Chest X-Ray or Tine _____	
Tetanus (last immunization date) _____	
Allergies: Medication _____	
Food _____	
Other _____	

**Level of program/employment participation: (i.e. stamina, physical tolerance)**

\_\_\_\_\_

Number of hours per day \_\_\_\_\_ Number of days per week \_\_\_\_\_

**Any physical restrictions while employed or in program activities?** \_\_\_\_\_

Physical activity: Limited? \_\_\_\_\_ How? \_\_\_\_\_  
Unlimited? \_\_\_\_\_

M.D.: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_\_