



Winton School District

7000 N. Center Street

P.O. Box 8

Winton, CA 95388

(209) 357-6175 Fax: (209) 357-1994

EEO Affirmative Action Employer

Current Evaluation of Health Status

Date: _____

Name: _____ Sex: _____ DOB: _____

School: _____ Grade: _____ Teacher: _____

Vision: _____ Date: _____ Hearing: _____ Date: _____

Dental Status: _____ Attendance: _____

Significant Illnesses, Accidents and / or Medical Problems: (within 3 years)

Current Health Problems or Concerns:

Date: _____ Signature: _____