

MESA PUBLIC SCHOOLS
CHRONIC HEALTH CONDITION ELIGIBILITY CHECKLIST

Student's Name	Student #	Date
School Name		Student Grade Level
Parent's Name	Address	Phone

Eligibility Checklist:

- _____ 1. Medical certification of chronic health condition (including certification of physical limitations for physical education) received by school.
- _____ 2. Registrar or office specialist has checked the "Chronic Illness" box on the Synergy Student Screen under the "Other Info" tab.
- _____ 3. School nurse informed of student's chronic health condition; student's name added to the Synergy "Health Conditions" screen.
- _____ 4. Student's teacher(s) informed of student's chronic health condition.
- _____ 5. School counselor/student advisor informed of student's chronic health condition.
- _____ 6. Physical education activities/requirements adapted according to medical certification.
- _____ 7. Student's teacher(s) agree(s) to provide homework during absences for the current school year after 3 consecutive days of absence. Subsequent homework assignments will be released only if previous work has been returned.
- _____ 8. Parent/guardian agrees to return completed homework to the school for absences during the current school year.
- _____ 9. A copy of the medical certification may be sent to the physician.

I understand that my son/daughter will not be eligible to participate in any competitive sports, pom, cheer, chorus, marching band, or other extracurricular activities on any day which he/she is absent during the time he/she is covered by the chronic health condition program.

Parent/Guardian's Signature/Date

Date of Instructional Agreement
Conference (optional)

Counselor's/Student Advisor's Signature/Date

Principal's Signature/Date

Nurse's Signature/Date