

**Memo:** 2026 Pre-participation Evaluations

**Schools:** Jonesboro, Nettleton, Valley View, Westside, Brookland, Bay, Riverside, Trumann, Harrisburg, Ridgefield

**Attention:** Coaches and Parents

St. Bernards Sports Medicine is proud to coordinate this year's 2026-2027 athletic physicals for our local schools. The evaluations will be held on SUNDAY – APRIL 19th at the JONESBORO HIGH SCHOOL ACTIVITY GYM – 301 Hurricane Drive.

-Please note the location and please encourage athletes to arrive at their specific time due to space limitations.

Junior high is for those students entering 7th-8th grade this fall, and senior high is for those students entering 9th – 12th grade. Please read the instructions below to help make this event a success!

**SCHOOL TIMES** (athletes must arrive at allotted time with forms completed and signed)

11:00 a.m. – Jonesboro Sr High	1:45 p.m. – Riverside Jr/Sr High
11:15 a.m. – MacArthur Jr High	2:00 p.m. – Westside Sr High
11:45 a.m. – Annie Camp Jr High	2:15 p.m. – Westside Jr High
12:00 p.m. – Ridgefield Jr/Sr High	2:30 p.m. – Nettleton Sr High
12:15 p.m. – Valley View Sr High	3:00 p.m. – Nettleton Jr High
12:30 p.m. – Valley View Jr High	3:15 p.m. – Trumann Sr High
12:45 p.m. – Bay Jr/Sr High	3:30 p.m. – Trumann Jr High
1:00 p.m. – Brookland Sr High	4:00 p.m. – Harrisburg Jr/Sr High
1:30 p.m. – Brookland Jr High	

#### IMPORTANT

1. Parents – You must complete the following forms prior to your child attending the April 19th evaluation:
  - a. Consent to Participate (St. Bernards requirement)
  - b. HIPAA Authorization (St. Bernards requirement)
  - c. History Form pages 1-2 (AAA and school requirement)
  - d. Physical Examination Form – name and date of birth ONLY at the top
2. Wear appropriate clothing – athletic pants or gym shorts. No skirts or tight blue jeans. Sports bra recommended for females under their shirts.
3. Physicals are for all athletes entering grades 7-12 during the 2026-2027 school year. This includes current 6th graders planning to play school sports next season.
4. At the check-out table athletes/parents will take snapshot of their AAA forms for their records.
5. **NO MAKE UP DATE.**

#### ELECTROCARDIOGRAM (EKG)

In collaboration with Drs. Devi Nair and David Vance, Electrophysiologists with St. Bernards Heart & Vascular here in Jonesboro, we will be providing FREE EKG screenings to our SENIOR HIGH (those students entering 9th – 12th grades) athletes. This screening examines the heart rhythms and can identify abnormalities that could be life-threatening. Our physicians believe that including an EKG is best practice when clearing athletes for activities and therefore the EKG is REQUIRED if you are attending our physicals (9<sup>th</sup>-12<sup>th</sup> grade only). If you do not wish your athlete to have an EKG, you may have your physical done at your Primary Care Physician's office.

Thank you in advance for your cooperation in this event. St Bernards Sports Medicine has been the leading provider of physical therapy and athletic training services for many years to our local athletes. We are proud to serve our athletic community and look forward to assisting you in the future. Thank you and have a great year!

Sincerely,



Carly Swain, PT, MPT  
Program Manager, St. Bernards Sports Medicine

[catennison@sbrmc.org](mailto:catennison@sbrmc.org)

This form should be placed into the athlete's medical file and should not be shared with schools or sports organizations.

## PREPARTICIPATION PHYSICAL EVALUATION

### HISTORY FORM- Page 1

Note: Complete and sign this form (with your parents if younger than 18) before your appointment.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Date of examination: \_\_\_\_\_ Sport(s): \_\_\_\_\_

Sex assigned at birth \_\_\_\_\_

Have you had COVID-19?:  Yes  No

Have you been immunized for COVID-19?:  Yes  No

If yes, you have had  One shot  Two shots

List past and current medical conditions: \_\_\_\_\_

Have you ever had surgery? If yes, list all past surgical procedures: \_\_\_\_\_

Medicines and supplements- List all current medications, over-the-counter medicines, and supplements (herbal and nutritional): \_\_\_\_\_

Do you have any allergies? If yes, list all of your allergies (ie medicines, pollens, food, stinging insects): \_\_\_\_\_

<b>GENERAL QUESTIONS</b> (Explain "Yes" answers at the end of this form. Circle questions if you don't know the answer.)		
	Yes	No
1. Do you have any concerns that you would like to discuss with your provider?		
2. Has a provider ever denied or restricted your participation in sports for any reason?		
3. Do you have any ongoing medical issues or recent illness?		
<b>HEART HEALTH QUESTIONS ABOUT YOU</b>	Yes	No
4. Have you ever passed out or nearly passed out during or after exercise?		
5. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?		
6. Does your heart ever race, flutter in your chest, or skip beats (irregular beats) during exercise?		
7. Has a doctor ever told you that you have any heart problems?		
8. Has a doctor ever requested a test for your heart? For example, electrocardiography (ECG) or echocardiography.		

<b>HEART HEALTH QUESTIONS ABOUT YOU</b> (CONTINUED)		
	Yes	No
9. Do you get light-headed or feel shorter of breath than your friends during exercise?		
10. Have you ever had a seizure?		
<b>HEART HEALTH QUESTIONS ABOUT YOUR FAMILY</b>	Yes	No
11. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 35 years (including drowning or unexplained car crash)?		
12. Does anyone in your family have a genetic heart problem such as hypertrophic cardiomyopathy (HCM), Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy (ARVC), long QT syndrome (LQTS), short QT syndrome (SQTS), Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia (CPVT)?		
13. Has anyone in your family had a pacemaker or an implanted defibrillator before age 35?		



## ■ PREPARTICIPATION PHYSICAL EVALUATION

### PHYSICAL EXAMINATION FORM

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

EXAMINATION		
Height: _____	Weight: _____	
BP: _____ / _____ ( _____ / _____ )	Pulse: _____	Vision: R 20/ _____ L 20/ _____ Corrected: <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, hyperlaxity, myopia, mitral valve prolapse [MVP], and aortic insufficiency)		
Eyes, ears, nose, and throat • Pupils equal, hearing		
Lymph nodes		
Heart* • Murmurs (auscultation standing, auscultation supine, and ± Valsalva maneuver)		
Lungs		
Abdomen		
Skin • Herpes simplex virus (HSV), methicillin-resistant <i>Staphylococcus aureus</i> (MRSA), ortinea corporis		
Neurological		
MUSCULOSKELETAL	NORMAL	ABNORMAL FINDINGS
Neck		
Back		
Shoulder and arm		
Elbow and forearm		
Wrist, hand, and fingers		
Hip and thigh		
Knee		
Leg and ankle		
Foot and toes		
Functional • Double-leg squat test, single-leg squat test, and box drop or step drop test		

\*Consider electrocardiography (ECG), echocardiography, referral to a cardiologist for abnormal cardiac history or examination findings

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for \_\_\_\_\_

- Not cleared
- Pending further evaluation
  - For any sports
  - For certain sports \_\_\_\_\_

Reason: \_\_\_\_\_

Recommendations: \_\_\_\_\_

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of provider: \_\_\_\_\_ Date of exam: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of physician, APN, PA: \_\_\_\_\_

**CONSENT TO PARTICIPATE IN ST. BERNARDS PRE-PARTICIPATION  
EVALUATIONS**

I, the parent or legal guardian of Student or Student (if over 18 years of age), hereby authorize St. Bernard’s Hospital, Inc. dba St. Bernards Medical Center, Cardiology Associates of Jonesboro, Inc. dba St. Bernards Heart & Vascular, Student’s athletic trainer and any providers or provider’s assistants at the 2026 St. Bernards Pre-Participation Evaluations to perform pre-participation physical evaluations (“Evaluations”), including physical screening exams, on Student. I understand Evaluations are not comprehensive exams. I understand Evaluations are not intended to provide treatment or create a physician- patient relationship.

I understand that the Evaluations cannot detect all health problems or prevent injury from athletic participation. I understand that if a follow-up evaluation is recommended, it is my responsibility to seek care from the appropriate provider.

I have completed and reviewed the Pre-Participation Physical Evaluation- History Form (“History Form”). I represent that my responses on the History Form are complete, true and correct to the best of my knowledge, information and belief.

Student Name: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**IF STUDENT IS A MINOR, A PARENT OR GUARDIAN MUST EXECUTE THE CONSENT**

Parent or Guardian Name: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_