



SERIOUS INJURY REPORT FORM TEAM MANAGEMENT REPORT/REFEREE REPORT

Serious injury reports must be forwarded to the Provincial Union headquarters within 48 hours of the injury coming to the notice of the referee or team management (see below for fax numbers for Provincial Unions)

Serious injury reports must be completed for the following injuries:

- Any head or neck injury that requires the player to be transported directly from the ground to an emergency department, hospital or after hours medical centre
- Any injury that results in the admission of a player into hospital after a game
- Any injury that is expected to prevent a player from playing for a period of 8 weeks or longer

INJURED PERSON

Surname: _____ **First Name(s):** _____ **Player Registration Number:** _____

Date of Birth: / / **Male / Female** **Playing Position:** _____ **Grade:** _____

Date: / / **Time:** : : **am/pm** **Place:** _____ **The injury occurred during:** **Match or Training** (please circle one)

Type of Injury	Site of Injury	Event Causing Injury	How many players were involved in the tackle?
Concussion	Head	Scrum Engagement	Tacklers 1 <input type="checkbox"/> 2 <input type="checkbox"/> More <input type="checkbox"/> Was Foul Play involved? Yes <input type="checkbox"/> No <input type="checkbox"/> (please circle one)
Fracture	Neck	Lineout	
Dislocation	Shoulder	Ruck	
Serious Joint	Back	Tackle (specify) → Tackler → Front	
	Arm	Ball Carrier → Front	
Other (specify)	Chest/Trunk	Behind	
	Thigh/Hamstring	Front	
	Knee	Side	
	Lower leg	Behind	
Other (specify)			
On-field Treatment Provider			
Doctor			
St Johns			
Team Official			
Referee Only			
Other (specify)			
Method of Leaving the Field			
Ambulance			
Stretcher			
Other (specify)			
Brief description of how the injury occurred:-			

Signed _____ **Designation (e.g. Referee, Team Manager etc.)** _____

Contact No(s) Wk _____ **Home** _____ **Mobile** _____

Provincial Union: Wairarapa Bush Rugby Union **Club/School** _____