



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

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

Contact No(s) Wk _____ Home _____ Mobile _____

Provincial Union: _____ Club/School _____