

## **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

## 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 if a player into hospital after a game
- Any in jury that is expected to prevent a player from playing for a period of 8 weeks or longer
- Any Blue Card that has been issued

A. INJURED PERSON DETAILS  1. First Name(s):		2. Surnam	e:	3. NZRU Player Registration Number:	
4. Date of Birth:/				7. Team & Grade:	
B. INJURY DETAILS					
1. Date of Injury:/	/	2. Time of Injury: _	:am/pm 3. Venue:	e: 4. Match or Training:	
5. Type of Injury Concussion Blue Card Fracture Dislocation Serious Joint Chest/Truck Other	Tackle Post Ta Scrum E Scrum ( Lineout Ruck	ckle (pre-ruck) Engagement Collapse	Tackle Specifics (please circle) Was the injured player the tackler Was the tackle from the front / sic How many players were involved i Was Foul Play involved? Yes / No  9. Method of Leaving	ide / behind?  In the tackle? 1 / 2 / more  Referee Only Other (specify)	
6. Site of Injury Head Neck Shoulder	Collaps Kicking Runnin		Ambulance Stretcher Walked Other (specify)		
Back Arm Thigh/Hamstring Knee Lower Leg Other		ease provide a brief de	scription of how the injury occurr	red:	
C. PERSON COMPLETING FORI	M INFORMATIO	ON .			
1. Name:				3. Phone/Mobile:	
4. Email:			:		