NEW ZEALAND RUGBY UNION

# SERIOUS INJURY REPORT FORM
## TEAM MANAGEMENT REPORT/REFEREE REPORT

**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

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

**Please Print Clearly:**

## INJURED PERSON

Surname: _____

First Name(s): _____

Date of Birth: / / Male Female

Playing Position: _____ Grade: _____

**Type of Injury**

Concussion ☐
Fracture ☐
Dislocation ☐
Serious Joint ☐
Other *(specify)* _____

**On-field Treatment Provider**

Doctor ☐
St Johns ☐
Team Official ☐
Referee Only ☐
Other *(specify)* _____

**Method of Leaving the Field**

Ambulance ☐
Stretcher ☐
Other *(specify)* _____

**Site of Injury**

Head ☐
Neck ☐
Shoulder ☐
Back ☐
Arm ☐
Chest/Trunk ☐
Thigh/Hamstring ☐
Knee ☐
Lower leg ☐
Other *(specify)* _____

**Phase of play**

Scrum ☐
Lineout ☐
Ruck/Maul ☐
Tackle ☐
Other *(specify)* _____

**ACCIDENT DETAILS**

Date: / / Time: _____:_____ am/pm

Place: _____

Signed _____

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

Contact No(s) Wk _____ Home _____

Mobile _____

Provincial Union: _____

Club/School: _____