

NZRU SERIOUS INJURY REPORT FORM

for
TEAM COACHES, MANAGEMENT & REFEREES



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 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

A: INJURED PERSON DETAILS

1. First Name: _____ 2. Surname: _____ 3. NZRU Player Registration Number: _____
4. Date of Birth: ___/___/_____ 5. Male/Female 6. Playing Position: _____ 7. Team & Grade: _____

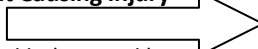
B: INJURY DETAILS

1. Date of Injury: ___/___/_____ 2. Time of Injury: ___:___ am/pm 3. Venue _____ 4. Match/Training (please circle one)

5. Type of Injury

Concussion
Fracture
Dislocation
Serious Joint
Other (*specify*)
Chest/Trunk

7. Event Causing Injury

Tackle 
Post Tackle (pre-ruck)
Scrum Engagement
Scrum Collapse
Lineout
Ruck
Maul
Collapsed Maul
Kicking
Running
Other (*specify*)

Tackle Specifics (please circle)

Was the injured player the **tackler/Ball carrier**?
Was the tackle from the **front/side/behind**?
How many players were involved in the tackle? **1/2/more**
Was Foul Play involved? **Yes /No**

8. On-field Treatment Provider

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

9. Method of Leaving the Field

Ambulance
Stretcher
Other (*specify*)

6. Site of Injury

Head
Neck
Shoulder
Back
Arm
Thigh/Hamstring
Knee
Lower Leg
Other (*specify*)

10. Please provide a brief description of how the injury occurred:-

C: PERSON COMPLETING FORM INFORMATION

1. Name: _____ 2. Designation (referee, Coach, Manager etc) _____ 3. Phone/Mobile _____
4. Email: _____ 5. Provincial Union _____ 6. Club/School _____

Please return to: Steve Mitchell Steve.mitchell@tasmanrugby.co.nz Fax 03 548 8282 Within 48 hours of the incident