



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 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
- Any Blue Card that has been issued

A. INJURED PERSON DETAILS

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

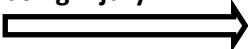
B. INJURY DETAILS

1. Date of Injury: ____/____/____ 2. Time of Injury: ____ : ____ am/pm 3. Venue: _____ 4. Match or Training: _____

5. Type of Injury

- Concussion
- Blue Card
- Fracture
- Dislocation
- Serious Joint
- Chest/Trunk
- Other _____

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) _____

6. Site of Injury

- Head
- Neck
- Shoulder
- Back
- Arm
- Thigh/Hamstring
- Knee
- Lower Leg
- Other _____

9. Method of Leaving the Field

- Ambulance
- Stretcher
- Walked
- 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. Name of School or Club: _____

PLEASE RETURN TO: North Harbour Rugby Union - email: Sachin@harbourrugby.co.nz or fax to: (09) 447 2101