SERIOUS INJURY REPORT FORM
TEAM MANAGEMENT REPORT/REFEREE REPORT

This report must be forwarded to the Manawatu Rugby Union within 48 hours of the injury
Fax: 06 354 1670 Email: info@manawaturugby.co.nz

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***			
Other *(specify)*		Arm		***Side***			
On-field Treatment Provider		Chest/Trunk		***Behind***			
Doctor		Thigh/Hamstring		***Ball Carrier*** ***Front***			
St Johns		Knee		***Side***			
Team Official		Lower leg		***Behind***			
Referee Only		Other *(specify)*		Post Tackle (pre-ruck)			
Other *(specify)*				Kicking			
Method of Leaving the Field		**Brief description of how the injury occurred:-**		Running			
Ambulance				Other *(specify)*			
Stretcher							
Other *(specify)*							

How many players were involved in the tackle?
Tacklers **1** ☐
2 ☐
More ☐

Was Foul Play involved? **Yes** **No**
(please circle one)

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

Contact No(s) Wk _____ Home _____ Mobile _____

Provincial Union: _____ Club/School _____