



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*) _____

Site of Injury

Head

Neck

Shoulder

Back

Arm

Chest/Trunk

Thigh/Hamstring

Knee

Lower leg

Other (*specify*) _____

On-field Treatment Provider

Doctor

St Johns

Team Official

Referee Only

Other (*specify*) _____

Phase of play

Scrum

Lineout

Ruck/Maul

Tackle

Other (*specify*) _____

Method of Leaving the Field

Ambulance

Stretcher

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: _____