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: _____

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