

# 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: \_\_\_\_\_

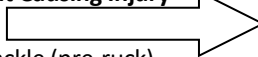
### B: INJURY DETAILS

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: [swampfoxes@xtra.co.nz](mailto:swampfoxes@xtra.co.nz) within 48 hours of the incident