



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 (see below for fax numbers for Provincial Unions)

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	<input type="checkbox"/>	Head	<input type="checkbox"/>	Scrum Engagement	<input type="checkbox"/>
Fracture	<input type="checkbox"/>	Neck	<input type="checkbox"/>	Lineout	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Ruck	<input type="checkbox"/>
Serious Joint	<input type="checkbox"/>	Back	<input type="checkbox"/>	Tackle (specify) → Tackler → Front	<input type="checkbox"/>
Other (specify)		Arm	<input type="checkbox"/>	Side	<input type="checkbox"/>
On-field Treatment Provider		Chest/Trunk	<input type="checkbox"/>	Behind	<input type="checkbox"/>
		Thigh/Hamstring	<input type="checkbox"/>	Ball Carrier Front	<input type="checkbox"/>
		Knee	<input type="checkbox"/>	Side	<input type="checkbox"/>
		Lower leg	<input type="checkbox"/>	Behind	<input type="checkbox"/>
		Other (specify)			
Doctor	<input type="checkbox"/>				
St Johns	<input type="checkbox"/>				
Team Official	<input type="checkbox"/>				
Referee Only	<input type="checkbox"/>				
Other (specify)		Post Tackle (pre-ruck)	<input type="checkbox"/>		
Method of Leaving the Field		Kicking	<input type="checkbox"/>		
		Running	<input type="checkbox"/>		
		Other (specify)			
Ambulance	<input type="checkbox"/>	Brief description of how the injury occurred:-			
Stretcher	<input type="checkbox"/>				
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 _____

Provincial Union	Fax Number		Provincial Union	Fax Number
Auckland RFU	09 849 5300		Northland RFU	09 438 9185
Bay of Plenty RFU	07 574 2046		Otago RFU	03 466 4002
Buller RFU	03 789 8332		Poverty Bay RFU	06 868 9954
Canterbury RFU	03 365 3565		South Canterbury RFU	03 688 6179
Counties Manakau RFU	09 237 1172		Southland RFU	03 216 8695
East Coast RFU	06 864 8813		Taranaki RFU	06 757 3859
Hawke's Bay RFU	06 835 4630		Tasman RFU	03 548 8282
Horowhenua Kapiti RFU	06 367 8062		Thames Valley RFU	07 862 7577
King Country RFU	07 878 7540		Waikato RU	07 838 9911
Manawatu RFU	06 354 1670		Wairarapa Bush RFU	06 378 0012
Mid-Canterbury RFU	03 308 0103		Wanganui RFU	06 347 8006
North Harbour RFU	09 447 2101		Wellington RFU	04 389 0889
North Otago RFU	03 424 2054		West Coast RFU	03 768 6361
Lisa Kingi – NZ Rugby Foundation	09 – 623 7920		Brent Anderson - NZRU	04-494 0771