



## 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 SEND TO [annette.tossell@steelers.co.nz](mailto:annette.tossell@steelers.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	<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) <b><u>Tackler</u></b>  <b><u>Ball Carrier</u></b>	Collapsed Scrum	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>	Arm	<input type="checkbox"/>		Collapsed Maul	<input type="checkbox"/>		
<b>On-Field Treatment Provider</b>		Chest / Trunk	<input type="checkbox"/>		<b>Front</b>	<b>How many players were involved in the tackle?</b>		
		Thigh / Hamstring	<input type="checkbox"/>		<b>Side</b>		Tacklers: <b>1</b>	
		Knee	<input type="checkbox"/>		<b>Behind</b>		<b>2</b>	
Doctor	<input type="checkbox"/>	Lower Leg	<input type="checkbox"/>	<b>Front</b>	<b>More</b>			
St John's	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	<b>Side</b>	<b>Was Foul Play involved?</b>			
Team Official	<input type="checkbox"/>			<b>Behind</b>	<b>Yes</b>	<input type="checkbox"/>		
Referee Only	<input type="checkbox"/>			Post Tackle (pre-ruck)	<b>No</b>	<input type="checkbox"/>		
Other (specify)	<input type="checkbox"/>			Kicking				
<b>Method of Leaving the Field</b>				Running				
				<b>Brief description of how the Injury occurred:</b>		Other (specify)		
Other (specify)	<input type="checkbox"/>							

Signed: \_\_\_\_\_ Designation: (eg Referee / Team Manager etc) \_\_\_\_\_

Contact - Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Provincial Union: \_\_\_\_\_ Club / School: \_\_\_\_\_