



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 – complete and return to 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) <u>Tackler</u> <u>Ball Carrier</u>	Collapsed Scrum	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>	Arm	<input type="checkbox"/>		Front	How many players were involved in the tackle? Tacklers: 1 <input type="checkbox"/> 2 <input type="checkbox"/> More <input type="checkbox"/>
		Chest / Trunk	<input type="checkbox"/>		Side	
		Thigh / Hamstring	<input type="checkbox"/>		Behind	
		Knee	<input type="checkbox"/>		Front	
		Lower Leg	<input type="checkbox"/>	Side		
On-Field Treatment Provider		Other (specify)	<input type="checkbox"/>	Post Tackle (pre-ruck)	<input type="checkbox"/>	Was Foul Play involved?
Doctor	<input type="checkbox"/>			Kicking	<input type="checkbox"/>	Yes <input type="checkbox"/>
St John's	<input type="checkbox"/>			Running	<input type="checkbox"/>	No <input type="checkbox"/>
Team Official	<input type="checkbox"/>			Other (specify)	<input type="checkbox"/>	
Referee Only	<input type="checkbox"/>					
Other (specify)	<input type="checkbox"/>					
Method of Leaving the Field		Brief description of how the Injury occurred:				
Ambulance	<input type="checkbox"/>					
Stretcher	<input type="checkbox"/>					
Other (specify)	<input type="checkbox"/>					

Signed: _____ Designation: (eg Referee / Team Manager etc) _____
 Contact - Work: _____ Home: _____ Mobile: _____
 Provincial Union: _____ Club / School: _____