

SERIOUS INJURY REPORT

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Player name	
Date of injury	
Provincial Union	
Player school/club	
Team	

Playing position	Hooker <input type="checkbox"/>	Inside back <input type="checkbox"/>	Lock <input type="checkbox"/>
	Loose forward <input type="checkbox"/>	Midfield back <input type="checkbox"/>	Outside back <input type="checkbox"/>
	Prop <input type="checkbox"/>	Hooker <input type="checkbox"/>	

Location of injury	Ankle <input type="checkbox"/>	Arm <input type="checkbox"/>	Chest/trunk <input type="checkbox"/>
	Foot <input type="checkbox"/>	Head <input type="checkbox"/>	Knee <input type="checkbox"/>
	Neck <input type="checkbox"/>	Shoulder <input type="checkbox"/>	Thigh/Hamstring <input type="checkbox"/>
	Other <input type="checkbox"/>		

Suspected injury diagnosis	Concussion <input type="checkbox"/>	Dislocation <input type="checkbox"/>	Fracture/break <input type="checkbox"/>
	Muscle injury <input type="checkbox"/>	Organ <input type="checkbox"/>	Spine <input type="checkbox"/>
	Other <input type="checkbox"/>		

If concussion selected: Blue Card issued	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If yes: Name of Referee issuing Blue Card	
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Cause of injury	Collapsed scrum <input type="checkbox"/>	Kicking <input type="checkbox"/>	Lineout <input type="checkbox"/>
	Ruck/maul <input type="checkbox"/>	Running <input type="checkbox"/>	Scrum <input type="checkbox"/>
	Tackle: tackler <input type="checkbox"/>	Tackle: tackling <input type="checkbox"/>	Other <input type="checkbox"/>
Comments			
Name of Ground or Rugby Club where injury occurred			
On field treatment provider			
Method of leaving the field	Carried <input type="checkbox"/>	Stretcher <input type="checkbox"/>	Walk <input type="checkbox"/>
Time of leaving the field			
Post injury status			
If serious injury reported to NZR: Steve Lancaster (021 528 737)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If serious injury reported to Rugby Foundation: Lisa Kingi (09 623 7920)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	