



# Injury Report Form

*Injury reports are to be emailed to michael.langley@wrfu.co.nz within 48 hours of the injury coming to the notice of the referee or team management.*

## Athlete Information

Name of Athlete: \_\_\_\_\_ DOB: \_\_\_\_\_ Sex:  M  F

Playing Position: \_\_\_\_\_ Team: \_\_\_\_\_ Grade: \_\_\_\_\_

Game  Training  Conditions: \_\_\_\_\_ NZRU ID No: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Venue Played/Surface Type: \_\_\_\_\_

## Injury Information

Injured Side:  R  L

Nature of Injury:  Acute  Chronic  Re-injury

### Injured Region:

- |                                  |                                    |                                       |                                       |                                    |                                      |                                    |
|----------------------------------|------------------------------------|---------------------------------------|---------------------------------------|------------------------------------|--------------------------------------|------------------------------------|
| <input type="checkbox"/> Abdomen | <input type="checkbox"/> Chest     | <input type="checkbox"/> Fingers/Hand | <input type="checkbox"/> Groin/Pelvis | <input type="checkbox"/> Knee      | <input type="checkbox"/> Shoulder    | <input type="checkbox"/> Upper Arm |
| <input type="checkbox"/> Ankle   | <input type="checkbox"/> Elbow     | <input type="checkbox"/> Foot/Toes    | <input type="checkbox"/> Hip          | <input type="checkbox"/> Lower Leg | <input type="checkbox"/> Thumb       | <input type="checkbox"/> Upper Leg |
| <input type="checkbox"/> Back    | <input type="checkbox"/> Face/Eyes | <input type="checkbox"/> Forearm      | <input type="checkbox"/> Head         | <input type="checkbox"/> Neck      | <input type="checkbox"/> Trunk/Chest | <input type="checkbox"/> Wrist     |

Specific Region: \_\_\_\_\_

### Suspected Injury:

- Concussion  Dental  Dislocation  Fracture  Laceration  Sprain/Strain

Other (specify): \_\_\_\_\_

### Event Causing Accident:

- Scrum Engagement  Collapsed Scrum  Collapsed Maul  Post Tackle  Running  
 Lineout  Maul  Ruck  Kicking

Other (specify): \_\_\_\_\_ Was foul play involved?  Yes  No

Tackle (specify) Tackler  Front  Side  Behind How many players were involved in the tackle?  
 Ball Carrier  Front  Side  Behind  1  2  More

### Athlete Status

- Continued to play  out 1+ days (specify): \_\_\_\_\_  out 1+ weeks (specify): \_\_\_\_\_  Out for season

### On-field Treatment Provider

- Doctor  Referee  
 St Johns  Other (specify) \_\_\_\_\_  
 Team Official \_\_\_\_\_

### Method of Leaving the Field

- Ambulance  Other (specify) \_\_\_\_\_  
 Stretcher \_\_\_\_\_

### Brief description of how the Injury occurred:

Name of Report Filler: \_\_\_\_\_ Designation (Manager, Coach etc): \_\_\_\_\_

Contact No: \_\_\_\_\_ Club: \_\_\_\_\_ Signature: \_\_\_\_\_