



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: _____