RFU REPORTABLE INJURY EVENT REPORT FORM

Please use this form to report any injuries whilst playing rugby or taking part in organised rugby squad training sessions that fit any of the following definitions:

- An injury which results in the player being admitted to a hospital.
 Deaths which occur during or within 6 hours of a game finishing.

3. An injury on artificial grass pitches or from equipment (e.g. sports goggles).

Date of report:		Γ	Date of injury:		
Player's name:		Γ	oB or age:		
Club/School etc.		'eam:			
Nature of suspec	ted injury:				
Category:	 An injury which results in the player being admitted to a hospital. Deaths which occur during or within 6 hours of a game finishing. 				
	3. An injury on artificial grass pitches or from equipment (e.g. sports goggles).				
		Injured playe	n contact det	aile	
Player's contact r	umbor				
Additional contact (e.g. Next of kin) name:				_ 1	
Relationship to player:				Phone number	
their clubs who as injury. Informatic	re identified as on regarding th	acting individuals s requiring immed ne circumstances Turther informatio	liate support in th of injury may be	ie case of a poter used anonymous	ntially catastrophic ly to monitor
Game	Training	g Grass	Artifici	al grass	Other surface
Was there (please	e select)				
Appropriate first aid in place?			Yes	No	
Any alleged foul play relating to the injury event?			Yes	No	
		GAME IN:	URIES ONLY		
Opposition Club/	/School etc.:		Team:		
Name of Referee:		Venue			
Name of reportin	ıg person:				
Position within C	Club/School et	c.:			
Contact telephon	ie number				

Once completed, please send this form to: RFU Sports Injuries Administrator: sportsinjuriesadmin@rfu.com or report by phone on 0800 298 0102

