## **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:	<ol> <li>An injury which results in the player being admitted to a hospital.</li> <li>Deaths which occur during or within 6 hours of a game finishing.</li> </ol>				
	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:	<b>URIES ONLY</b>		
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

