



# CONCUSSION AND SERIOUS INJURY REPORT FORM TEAM MANAGEMENT REPORT/REFEREE REPORT

**Concussion and Serious injury reports must be completed for the following injuries:**

- Any incident that results in a “**Suspected**” Concussion. **THIS DOES NOT REQUIRE A LOSS OF CONCIOUSNESS.**
- Any incident that results in a players **loss of consciousness**
- Any head or neck injury that requires the player to be **transported directly** from the ground to an **emergency department, hospital or after hours medical centre**
- Any injury that results in the **admission of a player into hospital**

Serious injury reports **must be forwarded to the N.Z.R.L within 48 hours** of the injury coming to the notice of the referee or team management by Fax **09-525-5596** or email **info@nzrl.co.nz**

### (1) INJURED PERSON (Please print clearly)

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male:  Female:

Contact phone number: \_\_\_\_\_

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

### (2) INJURY SPECIFICS

Type of Injury	
Concussion	<input type="checkbox"/>
Fracture	<input type="checkbox"/>
Dislocation	<input type="checkbox"/>
Serious Joint	<input type="checkbox"/>
Other( <i>Specify</i> ):	<input type="checkbox"/>

Site of Injury	
Head	<input type="checkbox"/>
Neck	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>
Back	<input type="checkbox"/>
Arm	<input type="checkbox"/>
Chest/Trunk	<input type="checkbox"/>
Thigh/Hamstring	<input type="checkbox"/>
Knee	<input type="checkbox"/>
Lower Leg	<input type="checkbox"/>
Other( <i>Specify</i> ):	<input type="checkbox"/>

Phase of Play	
Scrum	<input type="checkbox"/>
Making a Tackle	<input type="checkbox"/>
Being Tackled	<input type="checkbox"/>
Foul Play	<input type="checkbox"/>
Other( <i>Specify</i> ):	<input type="checkbox"/>

On Field Treatment Provider	
Doctor	<input type="checkbox"/>
St Johns	<input type="checkbox"/>
Team Official	<input type="checkbox"/>
Referee Only	<input type="checkbox"/>
Other( <i>Specify</i> ):	<input type="checkbox"/>

Method of Leaving field	
Ambulance	<input type="checkbox"/>
Stretcher	<input type="checkbox"/>
Walk	<input type="checkbox"/>
Other( <i>Specify</i> ):	<input type="checkbox"/>

### (3) Reporting Persons details.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Time: \_\_\_\_\_am/pm

Place: \_\_\_\_\_

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Designation( e.g. Referee/Manager etc): \_\_\_\_\_

Contact: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mob: \_\_\_\_\_

**(4) ACCIDENT REPORTS:** Please attach any reports relevant to the accident: e.g. Hospital, Doctor, St Johns, Referee