

RFU REPORTABLE INJURY EVENT

REPORT



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

1. An individual who sustains an injury which results in their being **admitted** to a hospital. This does not include those taken to an Accident or Emergency Department and allowed home from there.
2. Deaths occurring during or within 6 hours of the game finishing.

Date of report:	<input type="text"/>	Date of injury:	<input type="text"/>
Player's name:	<input type="text"/>	DOB or Age:	<input type="text"/>
Club/School etc:	<input type="text"/>	Team:	<input type="text"/>
Nature of suspected injury:	<input type="text"/>		
Category:	<input type="checkbox"/> 1. An injury which results in admission to a hospital.		
	<input type="checkbox"/> 2. A death which occurred during or within 6 hours of a game finishing.		

Injured Player Contact Details:

Player's contact number:	<input type="text"/>		
Additional contact (e.g. Next of Kin) Name:	<input type="text"/>		
Phone No:	<input type="text"/>	Relationship to player:	<input type="text"/>

Please submit the above information as soon as possible following the incident.

The RFU uses this data for contacting individuals and/or their clubs who are identified as requiring immediate support in the case of a potentially catastrophic injury. Information regarding the circumstances of injury is used anonymously to monitor injuries throughout the game

Game:	<input type="checkbox"/>	Training:	<input type="checkbox"/>			
Grass Pitch:	<input type="checkbox"/>	Artificial Grass Pitch:	<input type="checkbox"/>	Other Surface:	<input type="checkbox"/>	
Was there (please tick):	Appropriate first aid in place?		Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
	Any alleged foul play relating to the injury event?		Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>

Game Injuries Only

Opposition Club/School/etc:	<input type="text"/>	Team:	<input type="text"/>
Name of Referee:	<input type="text"/>	Venue:	<input type="text"/>

Once completed, please send this form to:

RFU Sports Injuries Administrator (sportsinjuriesadmin@therfu.com)

or report by phone to 0800 298 0102

TEAMWORK RESPECT ENJOYMENT DISCIPLINE SPORTSMANSHIP