

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: _____ Time of report: _____

Date of injury: _____ Time of injury: _____

Player's name: _____ DOB or Age: _____

Club/School: _____ Team: _____

Game: Training:

Nature of suspected injury: _____

Category:

1. An injury which results in admission to a hospital.
2. A death which occurred during or within 6 hours of a game finishing.

Game Injuries Only

Opposition Club: _____ Team: _____

Venue: _____

Name of Referee: _____

Injured Player Contact Details:

Address: _____

Phone No: _____ Mobile: _____

Next of Kin: _____ Relationship: _____

Phone No: _____ Mobile: _____

Name of reporting person: _____

Position within Club/School: _____

Contact Telephone Numbers: _____

Once completed, please send this form to the RFU Sports Injuries Administrator:
Email: sportsinjuriesadmin@therfu.com Fax: 020 8892 4446 Tel: 020 8831 7451
Post: Sports Injuries Administrator, Rugby Football Union, Rugby House, Rugby Rd,
Twickenham, TW1 1DS.