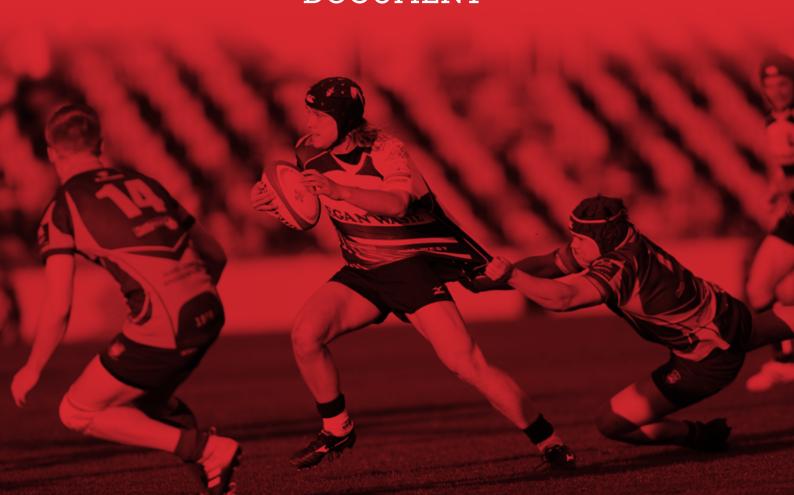


INJURY REPORT DOCUMENT





WRU INJURY REPORT FORM

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 definition:

- 1. An individual who sustains an injury which results in them being admitted to a hospital. This does not include those taken to an Accident or Emergency Department and allowed home from there
- 2. An injury requiring recorded communication to a players family/next of kin

| Date of report: | | | | | | |
|----------------------------|---------------|------------|----------------|---|-----------------|---|
| Date of injury: | | | | | | |
| Player's name: | | | | | | |
| Club/School: | | | | | | |
| Game: | | Training: | | | | |
| Grass Pitch: | | Artificial | Grass Pitch: 🗆 | 0 | ther Surface: | |
| | | | | | | |
| | Hooker | | Inside back | | Lock | |
| Playing position | Loose forward | d 🔲 | Midfield back | | Outside back | |
| | Prop | | Hooker | | | |
| | Ankle | | Arm | | Chest/trunk | |
| Location of injury | Foot | | Head | | Knee | |
| | Neck | | Shoulder | | Thigh/Hamstring | |
| | Other | | | | | |
| | Concussion | | Dislocation | | Fracture/break | |
| Suspected injury diagnosis | | | | ∺ | | 井 |
| | Muscle injury | | Organ | | Spine | |
| | Other | | | | | |



| Game Injuries Only: | | | | | | | | | |
|---------------------------------|-------------------------------|------------------|------|--|--|--|--|--|--|
| Opposition Clu | b: | Name of Referee: | | | | | | | |
| Venue: | | Team: | | | | | | | |
| | | | | | | | | | |
| 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: | | | | | | | | | |
| | | | | | | | | | |
| Communication: | | | | | | | | | |
| Category: | | | | | | | | | |
| 1 . 0 | Communicated to family mem | ber Name | | | | | | | |
| 2. (| Communicated to school / clul | o member Name | Name | | | | | | |
| | | | | | | | | | |

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Once completed, please file in an appropriate lockable medical file.