

## **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 a serious injury whilst playing which results in their being **admitted** to a hospital.
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: \_\_\_\_\_ Team: \_\_\_\_\_

Game:  Training:   
 Grass Pitch:  Artificial Grass Pitch:  Other Surface:

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: \_\_\_\_\_

Contact Telephone Numbers: \_\_\_\_\_

Once completed, please send this form to the Letchworth RFU Sports Injuries Administrator:

Email: [sean.sutton@groupriskmanagement.co.uk](mailto:sean.sutton@groupriskmanagement.co.uk) Tel: 01438 217 365

Post: Sports Injuries Administrator, Letchworth Rugby Football Union, Group Risk Management Ltd 4, Mundesley Close, Stevenage, Hertfordshire SG1-2JZ