

RFU REPORTABLE INJURIES FORM NO. 2

Any Injury that results in admission to hospital as an inpatient after the game/training has finished and is game/training related

Player Details:

Name: _____

Address _____

Telephone Number H. _____ M. _____

Date of Birth: _____

Club/School Name: _____

Next of Kin & Relationship _____

Telephone Number. H. _____ M. _____

Date of Injury (DD/MM/YYYY) ____/____/____

Activity When Injured: Delete where not applicable*

Match/Training*

Match Level e.g. 1st XV, Colts etc (if applicable): _____

Training Activity if applicable:

- | | | | |
|-------------------|--------------------------|-----------------|--------------------------|
| Team run | <input type="checkbox"/> | Scrummaging | <input type="checkbox"/> |
| Play Phase Work | <input type="checkbox"/> | Rucking/Mauling | <input type="checkbox"/> |
| Individual Skills | <input type="checkbox"/> | Weight Training | <input type="checkbox"/> |
| Defence | <input type="checkbox"/> | SAQ | <input type="checkbox"/> |
| Attack | <input type="checkbox"/> | Endurance | <input type="checkbox"/> |
| Lineout | <input type="checkbox"/> | Speed Endurance | <input type="checkbox"/> |
| Plyometrics | <input type="checkbox"/> | Other (specify) | <input type="checkbox"/> |

Contact training/ Non Contact Training*

Time of Injury:

Match:

- | | | | |
|----------------------------------|--------------------------|----------------------------------|--------------------------|
| Warm up | <input type="checkbox"/> | 3 rd Quarter | <input type="checkbox"/> |
| 1 st Quarter | <input type="checkbox"/> | 4 th Quarter | <input type="checkbox"/> |
| 2nd Quarter | <input type="checkbox"/> | 2 nd Half Injury Time | <input type="checkbox"/> |
| 1 st Half Injury Time | <input type="checkbox"/> | Cool Down | <input type="checkbox"/> |

Training:

- Warm Up During Session Cool Down

Playing Position when Injured:

- | | | | |
|---------------------|--------------------------|------------------------|--------------------------|
| Full Back (15) | <input type="checkbox"/> | Hooker (2) | <input type="checkbox"/> |
| Right Wing (14) | <input type="checkbox"/> | T.H. Prop (3) | <input type="checkbox"/> |
| Left Wing (11) | <input type="checkbox"/> | Left lock (4) | <input type="checkbox"/> |
| Outside Centre (13) | <input type="checkbox"/> | Right Lock (5) | <input type="checkbox"/> |
| Inside Centre (12) | <input type="checkbox"/> | Blind-side Flanker (6) | <input type="checkbox"/> |
| Fly Half (10) | <input type="checkbox"/> | Open-side Flanker (7) | <input type="checkbox"/> |
| Scrum Half (9) | <input type="checkbox"/> | Number 8 (8) | <input type="checkbox"/> |
| L.H.Prop (1) | <input type="checkbox"/> | No Defined Position | <input type="checkbox"/> |

Started/Replacement*

Usual playing position? yes/no*

Playing/Training Surface:

- | | | | |
|------------|--------------------------|-----------------|--------------------------|
| Grass | <input type="checkbox"/> | All Weather | <input type="checkbox"/> |
| Artificial | <input type="checkbox"/> | Gym | <input type="checkbox"/> |
| Indoor | <input type="checkbox"/> | Other (specify) | <input type="text"/> |

Footwear (if known)

- | | | | |
|--------|--------------------------|----------|--------------------------|
| Studs | <input type="checkbox"/> | Mouldeds | <input type="checkbox"/> |
| Blades | <input type="checkbox"/> | Trainers | <input type="checkbox"/> |

Equipment Used when Injury sustained (if known)

- | | | | |
|-----------|--------------------------|-----------|--------------------------|
| Gumshield | <input type="checkbox"/> | Headguard | <input type="checkbox"/> |
|-----------|--------------------------|-----------|--------------------------|

Mechanism of Injury – Contact

- | | | | |
|---------------|--------------------------|----------|--------------------------|
| Being Tackled | <input type="checkbox"/> | Tackling | <input type="checkbox"/> |
|---------------|--------------------------|----------|--------------------------|

Side tackle - head to front

Side tackle - head to rear

Rear tackle

Front tackle (passive) - head to side

Front tackle (passive) - head to middle

Front tackle (active) - tackler picks up opposing player by one leg aiming to drive the ball carrier upwards and backwards behind the advantage line

Dump tackle (active) -tackler picks up an opposing player, by both legs, and drives him upwards before dumping him on the ground with a downward motion

Scrummaging

Collapsed Scrum

Lineout

Collision

Ruck

Stamped On

Maul

Collapsed Maul

Brief Circumstances of Injury:

Mechanism of Injury – Non Contact:

- | | | | |
|---------|--------------------------|------------------|--------------------------|
| Running | <input type="checkbox"/> | Twisting/turning | <input type="checkbox"/> |
| Kicking | <input type="checkbox"/> | Weights | <input type="checkbox"/> |

Please provide brief details:

Was the injury caused by foul play? Yes No

What was the type of foul play?

Was a penalty given? Yes No

Side of Injury:

- | | | | |
|-----------|--------------------------|----------------|--------------------------|
| Left | <input type="checkbox"/> | Right | <input type="checkbox"/> |
| Bilateral | <input type="checkbox"/> | Non Applicable | <input type="checkbox"/> |

Site of Injury:

- | | | | |
|---------------|--------------------------|--------------------|--------------------------|
| Head (H) | <input type="checkbox"/> | Neck (N) | <input type="checkbox"/> |
| Shoulder (S) | <input type="checkbox"/> | Upper Arm (U) | <input type="checkbox"/> |
| Elbow (E) | <input type="checkbox"/> | Forearm (R) | <input type="checkbox"/> |
| Wrist (W) | <input type="checkbox"/> | Hand/Finger (P) | <input type="checkbox"/> |
| Chest (C) | <input type="checkbox"/> | Thoracic Spine (D) | <input type="checkbox"/> |
| Abdomen (O) | <input type="checkbox"/> | Lumber Spine (L) | <input type="checkbox"/> |
| Buttock (B) | <input type="checkbox"/> | Groin/Hip (G) | <input type="checkbox"/> |
| Thigh (T) | <input type="checkbox"/> | Knee (K) | <input type="checkbox"/> |
| Lower Leg (Q) | <input type="checkbox"/> | Ankle/Heel (A) | <input type="checkbox"/> |
| Foot (F) | <input type="checkbox"/> | Facial (Z) | <input type="checkbox"/> |

Suspected Injury:

- | | | | |
|------------------------|--------------------------|-------------------------|--------------------------|
| Head Injury/Concussion | <input type="checkbox"/> | Cut/laceration/abrasion | <input type="checkbox"/> |
| Contusion/bruise | <input type="checkbox"/> | | |
| Fracture | <input type="checkbox"/> | Dislocation | <input type="checkbox"/> |
| Muscle Tear/Sprain | <input type="checkbox"/> | Tendon Strain/Tear | <input type="checkbox"/> |
| Joint Cartilage Damage | <input type="checkbox"/> | Ligament Strain/rupture | <input type="checkbox"/> |
| Eye injury | <input type="checkbox"/> | Dental injury | <input type="checkbox"/> |

Other – Please provide details

Removed from Play/Training after Injury

Immediately Later Not at All

Address of Hospital Attended

Transport to Hospital

Ambulance Own Car Other Car

Air Ambulance

Admitted/Discharged*

If admitted to hospital:

Observation Surgery Further Investigation
Other

Date of return to full match fitness/availability for selection: dd/mm/yyyy: ___/___/_____

If player did not return to play/ is unlikely to return to play please tick here



Name of Person Completing this form: _____

Position within Club/School: _____

Daytime Phone Number: _____

Evening Phone Number: _____

Email Address: _____

ONCE COMPLETED, PLEASE SEND THIS FORM TO THE RFU SPORTS INJURIES ADMINISTRATOR VIA EMAIL (sportsinjuriesadmin@therfu.com) OR FAX: 01942 512683 OR TELEPHONE THE DETAILS THROUGH ON 01942 670122.