



# 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:  Other Surface:

<b>Playing position</b>	Hooker <input type="checkbox"/>	Inside back <input type="checkbox"/>	Lock <input type="checkbox"/>
	Loose forward <input type="checkbox"/>	Midfield back <input type="checkbox"/>	Outside back <input type="checkbox"/>
	Prop <input type="checkbox"/>	Hooker <input type="checkbox"/>	

<b>Location of injury</b>	Ankle <input type="checkbox"/>	Arm <input type="checkbox"/>	Chest/trunk <input type="checkbox"/>
	Foot <input type="checkbox"/>	Head <input type="checkbox"/>	Knee <input type="checkbox"/>
	Neck <input type="checkbox"/>	Shoulder <input type="checkbox"/>	Thigh/Hamstring <input type="checkbox"/>
	Other <input type="checkbox"/>		

<b>Suspected injury diagnosis</b>	Concussion <input type="checkbox"/>	Dislocation <input type="checkbox"/>	Fracture/break <input type="checkbox"/>
	Muscle injury <input type="checkbox"/>	Organ <input type="checkbox"/>	Spine <input type="checkbox"/>
	Other <input type="checkbox"/>		



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**Game Injuries Only:**

Opposition Club: ..... Name of Referee: .....  
Venue: ..... Team: .....

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**Injured Player Contact Details:**

Address: .....  
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Phone No: ..... Mobile: .....

Next of Kin: ..... Relationship: .....

Phone No: ..... Mobile: .....

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Name of reporting person: .....

Position within Club/School: .....

Contact Telephone Numbers: .....

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**Communication:**

Category:

- 1. Communicated to family member Name.....
- 2. Communicated to school / club member Name.....

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