

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	<input type="checkbox"/>	Training	<input type="checkbox"/>	Grass Pitch	<input type="checkbox"/>	Artificial Grass Pitch	<input type="checkbox"/>	Other Surface	<input type="checkbox"/>
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Nature of suspected injury	
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Category	1. An injury which results in admission to a hospital.	<input type="checkbox"/>
	2. A death which occurred during or within 6 hours of a game finishing.	<input type="checkbox"/>

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 or 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: 0800 298 0102
 Post: Sports Injuries Administrator, RFU, Rugby House, Rugby Rd, Twickenham, TW1 1DS.