

## 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:  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/School: \_\_\_\_\_

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

---

Once completed, please send this form to the RFU Sports Injuries Administrator:  
Email: [sportsinjuriesadmin@therfu.com](mailto:sportsinjuriesadmin@therfu.com) Fax: 020 8892 4446 Tel: 0800 298 0102  
Post: Sports Injuries Administrator, Rugby Football Union, Rugby House, 200 Whitton Rd,  
Twickenham, TW2 7BA.