|  |  |
| --- | --- |
| **Scottish Rugby (2cm)** | **Artificial Rugby Turf : Injury Report Form** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Person Reporting the Injury** | | | | |
| **Name of Person Reporting the Injury** | |  | | |
| **Name of Person’s Club/School/Team** | |  | | |
| **Position held by Person Reporting** | |  | | |
| **Email** |  | | **Telephone** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **About the Injured Player** | | | |
| **Player Surname** |  | **First Name(s)** |  |
| **Gender** |  | **Date of Birth** |  |
| **Address** |  | | |
| **Email** |  | **Telephone** |  |
| **Occupation** |  | **Player Reg. No.** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Ehen the Injury Occurred** | | | | | | | |
| **Date of Injury** |  | | | **Time of Injury** | |  | |
| **Venue Name** |  | | | **Address** | |  | |
|  |  | | |  | |  | |
| **Activity Type** | **Match:** | Yes / No | **Contact Session (3)** | | Yes / No | **Non-Contact Session:** | Yes / No |
| **Opposition Team** |  | | | **Level of Game** | |  | |
| **Player’s Position** |  | | | **Phase of Game** | |  | |
| **Nature of Incident** | (i) Accident (ii) Act of Foul Play / Intentional Act (iii) Other Delete as appropriate | | | | | | |
| **Please explain the circumstances of the injury:** | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Nature of the Injury** | | | |
|  | **Primary** | **Secondary** | **Tertiary** |
| **Region** *(e.g. left leg)* |  |  |  |
| **Location** *(e.g. thigh bone)* |  |  |  |
| **Description** *(e.g. fracture)* |  |  |  |
| **Additional Information** |  | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Treatment Provided** | | | | |
| **Pitch Side Treatment** |  | **Provided by:**  **Medical Qualifications?** |  | |
| **Hospital attention required** | Yes / No | **How transported to hospital?** |  | |
| **Hospital name / address** | Name: | | | |
|  | Address: | | | |
| **Admission Date and Time** | Date: | **Release Date and Time** | Date: | |
|  | Time: |  | Time: | |
| **Ongoing medical treatment** | Yes / No | **Estimated recovery time** |  | |
| **Nature of ongoing medical treatment being provided** |  | | | |
| **Has a Scottish Rugby Serious Injury Report Form been completed for this Injury?** | | | | Yes / No |

|  |
| --- |
| **Further Information** |
| **Please set out below any further information you believe that we should be aware of:** |

Notes

1. This Form should be used to report injuries occurring on artificial turf surfaces. All but the most trivial injuries (e.g. minor cuts and abrasions) should be reported.
2. Injuries requiring hospital attendance / medical follow up must also be reported through the on-line *Serious Injury Report Form.*
3. *Contact Training* includes any practice or training session which involves any participant in either tackling, scrummaging or lineout practice.

**For information on Scottish Rugby’s Domestic Regulation on *Artificial Rugby Turf*, WR Regulation 22 and related materials please go to the Scottish Rugby website and click on: *Regulations → Artificial Rugby Turf.***

Please return the completed form to Dr James Robson ([james.robson@sru.org.uk](mailto:james.robson@sru.org.uk) ) at the Scottish Rugby Union, Edinburgh EH12 5PJ.