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Serious Injury Report Form

A serious and/or catastrophic injury is defined as any head, neck, spine, or brain injury that is life-threatening, or has the potential to be permanently debilitating and results in the emergency admission of a rugby player to a hospital or medical care centre.

WHAT TO DO!

- Record the details as accurately as possible regarding the player, the injury, and the relevant contact person from the school, club or team in the spaces below
- Within 48 hours of the injury, either Fax or Email the completed report to the Serious Injury Case Manager, Mrs. Gail Baerecke Cell:
 0728903538, e-mail: manager@playersfund.org.za, fax: 021 659 5653
- The Serious Injury Case Manager will then inform SARU's Senior Manager: Medical, SARU's Senior Manager: Rugby Safety, and also the relevant Provincial union

1. PLAYER (PRINT CLEARLY)

Forenames:		ß	Î	ij	Ĭ	1	Î	ï		Ĩ	1	Ī	ĵ	Ĺ	Ī	ĵ.	i i	1		
Surname:			ì	ĵ.		ĵ.	ľ		Į.	Î	ñ_	ī	ij				Î	1	ĵ.	1
Date of birth:		/[1							A	ge:							
Known as (Nickname):			Ĩ	ĺ	Ĩ		ĺ	1	ĺ.	Ĩ	1	ĩ		Î		Ĭ	ī	1	L	1
ID Number			1					1	ľ	1	1		Ī				1	1	Ī	
Address:								1	F						1		_	1		
			I	1						I	1	Ĩ					Ī	1	ì	1
Contact Number:		Ĩ	Ĭ	Ĭ	Î	Ī	ľ	Ī	Ě	Ï	ĵ	Ì	1							
Next of Kin:		- [8	1		1	1	ľ2	1	Į.	1	4	1	1	ľ	9	P	1	1		
Contact Number:			1							1	1		1							
Rugby Club/School/Team:			1			1	ľ		Ľ	1	1		1				I	1		
Playing Position:	- 1							1	8	1	2					18				1

2. INJURY (PRINT CLEARLY)

Date of Injury:		1		At Time	:	
				T 1 1		
Injury Occurred During:	Match Training I	f "training"	then during: Rugb	y skills traii	ning, full contact	
			Rugby	y skills trair	ning, semi-contac	ot 🗍
			Rugby	y skills, nor	n-contact	
Site of Injury:	Head	Neck	Spine C	Chest/Trunk	<	
	Other (specify)					
Event Causing:	Collision		Maul		Scrum	
	Ruck		Collapsed maul		Collapsed scrur	n 🗌
	Tackling (behind)		Tackling (front)		Tackling (side)	
	Tackled (behind)		Tackled (front)		Tackled (side)	
	Lineout		Kicking		Running	
	Other(specify)					
Time of Injury: Warm-up	0-20 min	21-40+	min 41-60 mir	n 61-8	80+ min Co	ol-down
Was the Player Wearing:	Mouth Guard	Shoulder	r Pads Head Gu	uard	Tick all Applica	ble
Provide a brief description of I	now the injury occu	rred:				
				1 1 1		
				9 1 1		
Did the player leave the field a	it any time?	Yes	No			
Did the player return to the fie	ld at any time?	Yes	No			

2. INJURY (PRINT CLEARLY) - CONTINUED

Who provided on-field treatment	t?	Doct	tor																
		Phys	siothe	erapis	t														
		Bioki	inetic	cist															
		Eme	rgen	cy Se	rvice	Med	dic												
		Rugh	эу М	edic]									
		First	Aid																
		Coad	ch																
		Refe	ree																
		Tean	n Off	icial															
		Othe	er(Sp	ecify)			1		-1							1	1	ij	
					1	1	7	1	1	ï	1		1	1	1	1	1		
					797	7				ř		7	-	440	7	-	-	7	
Name of treatment provider:		1	1			1	ľ	1	F	Ī	T	1	_	1		1	1	- 1	1
Contact Number:			1			1	-1	1	- 15	1	1								
What treatment was provided if any:		Î						Ī			ï								1
How did the player leave the fie	eld?	On	his o	own]		As	ssiste	ed					
		Spii	nal E	Board]		St	retcl	her					
		Am	bula	nce						1		Не	elico	pter					
		Oth	ier (S	Specify	<i>(</i>)				_	10									
												1							
What hospital/medical facility was he/she taken to:		1	1	1 1					- 12		71	1	-		7			-	1
Contact Number:																			
Who accompanied the player:																			
		1					-	1	E		_1_		_	1					1
Contact Number:		1	1		_	_	F	1	- 12		_1_	-							

3. MATCH (PRINT CLEARLY)

Teams Involved In The Match:		ĵ	9		1			1				ï	1				1			
VS:													Ц							
Competition:		ī	1	ī	1	Į.	1	1			1		1		1	T	1			1
Provincial Union:		1	1				1	1			1	1	1		1			-1		
Level/Grade: (e.g.U19, Super A Club league)		Î		Ĩ		Ē	1			1	ľ	1				Î			1	
Referee:			2					1					112		1					
Contact Number:		1	1		1	f	1	op)		1	ľ	1	ip.							
Venue Address:		1		1	1	į.		1		1	1		1		1	1	1	1		1
		1	2	1		ſ		1			ľ	Ī			1	1	1	ſ	1	Ш
		Ĩ			1		1	1	1		i		1		1					
Field Conditions:						Е	1	1	1		-1	1	1	1	1	1		-	1	1
Weather Conditions:		1		1			1	81				7			1	1	1		1	
Was the game suspended at a				the	injur	y?		Yes		1	No [
If yes, then for how long was it	suspe	ende	a?						L		_ m	iin								
Did the game restart?							,	Yes		1	No [
Is there any video footage of the	ne gam	ne av	/ailat	ole?				Yes		1	No [

If yes, please retain the video footage until contacted by SA Rugby!

4. CLUB CONTACT (PRINT CLEARLY)

Forenames:		1	1			Î							ī					T.	
Surname:		ĩ	1	1	Į.	1	1			ī		¥.	1	9	İ	W ₁	Î	ï	1
Position at Club:		1	1		1	1		1		1	1	1	1			Ţ	1	İ	
Contact Number Cell:						1	1					1							
Contact Number Work:			î	1	Ē	1	1	1		F		1							
Contact Number Home:			1			1	1	1		P	1								
Address:	11		1			1	1	1	1	1/	1	Ţ	1		1				90
		1	ñ	1			1	ī			1	I	ī	1					1
Signature:																			
Date:							T												

5. PROVINCIAL UNION BOKSMART COORDINATOR CONTACT DETAILS:

	Unio	n BokSr	nart Repre	sentatives	3
UNION	REPRESENTATIVE	MOBILE	OFFICE	FAX	EMAIL
Boland	Cliffie Booysen	0829950117	021 8732317	021 8734823	cliffie@bolandrugby.co.za
Border	David Dobela	0767715781	-	-	d.dobela1@yahoo.com
Blue Bulls	Hennie Janse van Vuuren	0792216370	012 4200709	086 6738027	henniev@bluebull.co.za
SWD Eagles	Martin de Vos	0734442551	044 8730137	044 8730405	martin@swdeagles.co.za
EP Kings	Neville Jonas	0739602470	041 4088922	086 7432977	neville@eprugby.co.za
Free State	Selvyn Colby	0845834487	051 4071749	051 4071791	scolby@fsrugby.co.za
Griquas	Kat Swanepoel	0828223770	053 8328773	086 6209282	Refs@gwrugby.co.za
Griffons	Steps (Stefan) Pretorius	0728310998	057 3526482	086 6862018	steps@griffonsnfs.co.za
Leopards	Henry Stewart	0845876369	018 2975304	018 2971657	stewart@leopardsrugby.co.za
Lions	Timmy Goodwin	0828508707	011 4022960	086 6862018	timmy@glru.co.za
Pumas	Oubaas Coetzer	0827699624	013 6120534	086 6677691	oubaas@pumas.co.za
Sharks	Archie Sehlako	0844317562	031 3088426	-	archie@thesharks.co.za
Valke	Alfred Ross	0824573278	016 9762112	016 9762034	aross@icon.co.za
WP	Ben Theron	0832693590	021 6594502	021 9592336	btheron@wprugby.co.za