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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 the relevant Provincial union



### 1. PLAYER (PRINT CLEARLY)

Forenames:			1					1							
Surname:	1	1	1		1	ľ		T	1		1	1		ľ	
Date of birth:	1			1					А	ge:					
Known as (Nickname):	1		ì	Ĩ		ī		1							
ID Number			1		I		1	T	1						
Address:			1		1	1		T					1		
	S				1										
Contact Number:			1					T							
Next of Kin:			1		1			1							
Contact Number:	1	1	1					T							
Rugby Club/School/Team:			1			Ĭ		1					Ī		
Playing Position:								П							

# 2. INJURY (PRINT CLEARLY)

Date of Injury:	At Time:
Injury Occurred During:	Match
	Training If "training" then during: Rugby skills training, full contact
	Rugby skills training, semi-contact
	Rugby skills, non-contact
Site of Injury:	Head Neck Spine Chest/Trunk
	Other (specify)
Event Causing:	Collision Maul Scrum
	Ruck Collapsed maul Collapsed scrum
	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 min 61-80+ min Cool-down
Was the Player Wearing:	Mouth Guard Shoulder Pads Head Guard Tick all Applicable
Provide a brief description of I	now the injury occurred:
Did the player leave the field a	at any time? Yes No
Did the player return to the fie	
	,

# 2. INJURY (PRINT CLEARLY) - CONTINUED

Who provided on-field treatment	t?	Doctor														
		Physiotherapist														
		Biokineticist														
		Emergency Ser														
		Rugby Medic														
		First Aid														
		Coach														
		Referee														
		Team Official														
		Other(Specify)		T 1		7	1	7	1	T	1	- i	n		7	1
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								_								
Name of treatment provider:								Ī		1	Ĩ	Ĭ		i		Ī
Contact Number:						1	Ī									
What treatment was																
provided if any:											1					
How did the player leave the fie	eld?	On his own	Assisted													
		Spinal Board				Sti	retch	ner								
		Ambulance							He	elico	pter					
	Other (Specify)							-		-		-	n		1	
What hospital/medical facility was he/she taken to:				F F			<u> </u>	1	1	1	1				E	- E
Contact Number:						_				7						
									1							
Who accompanied the player:	L			1 1			1									
Contact Number:		1 1 1 1	É	ř ř		1	1	9	1							

### 3. MATCH (PRINT CLEARLY)

Teams Involved In The Match:									1											
VS:																			1	
Competition:					,	1			Î		1						Ĩ	Ţ.	T	
Provincial Union:		4			1	1	1:		ſ	13	1	1	1	1	1	Į.	1	1	T	
Level/Grade: (e.g.U19, Super A Club league)	f		1					Ī		ľ		1		Î	Ĭ	Ţ.	Ī		T	
Referee:																				
Contact Number:					1	Ĩ			1	ĵ		ì	1							
Venue Address:			1				Ī		Î			1		Ĩ		Ĩ			1	
		3	I		2	1	ľ	P	ſ	[X	्	1	2]	1	1	ľ		1	T)	
			1				1					1		1	1				1	
Field Conditions:							1					1						-1	1	
Weather Conditions:		1		1		1	1		ľ		1	1						L	1	
Was the game suspended at a	ny time	e due	e to	the i	injun	v?	,	Yes		١	No [									
If yes, then for how long was it					, ,						m	in								
Did the game restart?										١	No [									
Is there any video footage of th	,	Yes		١	No [															

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

#### 4. CLUB CONTACT (PRINT CLEARLY)

Forenames:		I							1						1				
Surname:		I	1	1	1	f	P	Ţŝ.					1	I	1	pg.	1	4	
Position at Club:		I	1	1	1	ſ	F			1	1	1		- P	12		1	1	
Contact Number Cell:						Ĩ	į.												
Contact Number Work:							Î												
Contact Number Home:			1		Ţ	Ī													
Address:			1	1	1	ſ	ľ	Į.		1	1			ľ		- 1	1	1	
			1		1					1									
Signature:	le <del>.</del>																		-
Date:																			

#### 5. PROVINCIAL UNION BOKSMART COORDINATOR **CONTACT DETAILS:**

Boland: Linston Manuels | 0822293301 | 0218732317 | linston@bolandrugby.com

Border: David Dobela | 0767715781 | david@brurugby.co.za

Blue Bulls: Hennie Janse van Vuuren | 0792216370 | 0124200709 | henniev@bluebull.co.za

SWD Eagles: Martin de Vos | 0734442551 | 0448730137 | martin@swdeagles.co.za

Eastern Province: Mazwi Dingana | 0670994112 | 0414088922 | mazwi.epru@gmail.com

Free State: Selvyn Colby | 0845834487 | 0514071749 | scolby@fsrugby.co.za Griquas: Kat Swanepoel | 0828223770 | 0538328773 | Refs@gwrugby.co.za

Griffons: Steps (Stefan) Pretorius | 0728310998 | 0573526482 | steps@griffonsnfs.co.za

Leopards: Henry Stewart | 0845876369 | 0182975304 | stewart@leopardsrugby.co.za

Lions: Timmy Goodwin | 0828508707 | 0114022960 | timmy@glru.co.za

Pumas: Oubaas Coetzer | 0827699624 | 0136120534 | oubaas@pumas.co.za

Sharks: Archie Sehlako | 0844317562 | 0313088426 | archie@kzn-rugbyunion.co.za

Valke: Alfred Ross | 0824573278 | 0169762112 | aross@icon.co.za

Western Province: Samuel Mahlatsi | 0798843600 | 0216594502 | smahlatsi@wprugby.co.za