



# INJURY REPORT

## INJURED PARTICIPANT

Claims must be presented within 90 days of the injury date.

Player                      Team Official                      Game Official  
Spectator                      Volunteer                      Employee

**DATE OF INJURY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **SEX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_ **CITY/TOWN:** \_\_\_\_\_ **POSTAL CODE:** \_\_\_\_\_

**PROVINCE:** \_\_\_\_\_ **PARENT/GUARDIAN:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_ **FAX NUMBER:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

### IMPORTANT: FORM INCLUDING MEMBERSHIP NUMBER, MUST BE COMPLETED IN FULL OR FORM WILL BE RETURNED.

This form must be completed for each case where a player, spectator or any other person at a sanctioned rugby activity, sustains an injury. Once completed a copy is to be sent to your Provincial Union. This form can be completed as follows: a) If the injured party is a player, team employee or volunteer, the form can be completed and signed by injured party, their coach or club administrator b) If the injured party is a spectator, the form can be completed and signed by the spectator's coach or club administrator of the home team.

**PROVINCIAL UNION:** \_\_\_\_\_ **(IF PLAYER) TEAM NAME:** \_\_\_\_\_

## BODY PART INJURED

<b>HEAD:</b>		<b>BACK:</b>	<b>TRUNK:</b>	<b>PELVIS:</b>	<b>ARM:</b>	Left	Right	<b>LEG:</b>	Left	Right
Eye Area	Face	Neck	Ribs	Hip	Shoulder	Hand/Finger	Thigh	Ankle		
Throat	Dental	Upper	Chest	Groin	Upper Arm	Forearm/Wrist	Foot	Shin		
Ear	Nose	Lower	Abdomen	Other	Elbow	Collarbone	Knee	Toe		

## NATURE OF CONDITION:

Concussion	Internal Organ Injury	Dislocation	Death
Contusion	Strain	Sprain	Spinal Injury
Fracture	Laceration	Separation	

**ON-SITE CARE:**    On-Site Care Only    Refused Care    **SENT TO HOSPITAL BY:**    Ground Ambulance    Air Ambulance    Car

## WHERE INCIDENT OCCURRED:

Pitch    Locker Room    Stands    Concession Area    Parking Lot    City Name: \_\_\_\_\_

Exhibition / Regular Season                      Playoffs / Tournament                      Practice                      Try-Outs                      Other \_\_\_\_\_

Warm-Up                      1st Half                      2nd Half                      Injury Time

**WEARING WHEN INJURED**    Head Gear    Contact Suit    Mouth Guard    Shoulder Pads    Other \_\_\_\_\_

Was the injured player in the correct league and level for their age? Yes No

Was this a sanctioned Rugby Canada activity? Yes No

### CAUSE OF INJURY

Collision	Hit by Ball	Tackled from Behind	Other
Collision with Own Player	Fall on Pitch	Fight	
Collision with Opponent	Non-Contact Injury	Blindsiding	

### ADDITIONAL INFORMATION

Has the player sustained injury before? Yes No	Was a penalty called as a result of the incident? Yes No
If "Yes" how long ago _____	Estimated absence from rugby? 1 Week 1-3 Weeks 3+ Weeks

### DESCRIBE HOW ACCIDENT HAPPENED

Attach additional page is necessary.

### TEAM INFORMATION

To be completed by a Team official

**UNION:** \_\_\_\_\_ **TEAM NAME:** \_\_\_\_\_  
**TEAM OFFICIAL:** \_\_\_\_\_ **TEAM OFFICIAL POSITION:** \_\_\_\_\_  
**TEAM OFFICIAL CONTACT NUMBER:** \_\_\_\_\_  
**OPPOSING TEAM:** \_\_\_\_\_

### HEALTH INSURANCE INFORMATION:

This must be completed in full or form processing will be delayed\*

Employed Full-Time	Unemployed	
Employed Part-Time	Full-Time Student	Government Health Insurance Plan Number: _____
Employer (If minor, list parent's employer)	_____	_____
1. Do you have provincial health coverage? Yes No	Province: _____	
2. Do you have other insurance? Yes No	No (If "Yes", Please Submit Claim To Your Primary Health Insurer)	
3. Has a claim been submitted? Yes No	No (If "Yes", Please Forward Primary Insurer Explanations of Benefits)	

**SIGNATURE OF INJURED PARTICIPANT:** \_\_\_\_\_

**SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

If Participant is under the age of 18