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**ROYAL NAVY RUGBY UNION – INJURY REPORT FORM**

This form is to be completed on the occasion of any injury sustained whilst playing in a match or whilst undergoing organised Rugby Union training.

1. UNIT OF INJURED PLAYER: ……………………………………………………..………….
2. NAME OF INJURED PLAYER: …………………………..…................ INT: …….… DOB: ……………………….
3. MATCH: ………………………............. V …………………………………..
4. DATE: ………….…………... MATCH VENUE: …………………………………………………………………..
5. TYPE OF INJURY: ………………………………………………………………………………...
6. AMBULANCE REQUIRED \*Y/N
7. HOSPITALISATION (*If hospitalised overnight RFU Reportable Injury form to be submitted*) \*Y/N
8. WAS THE INJURED PERSON MEDICALLY DOWNGRADED \*Y/N
9. WAS THE INJURY THE RESULT OF FOUL PLAY \*Y/N

\**Circle as appropriate*

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| *Brief description of how injury occurred:* |
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Form completed by: NAME: …………………………………………….. RANK/RATE: ……….…..… DATE: ……………..…….

**This form should be forwarded to the RNRU Office, HMS TEMERAIRE, Burnaby Road, Portsmouth, PO1 2HB (not later than 2 weeks after the injury occurred).**

For Official Use Only

RNRU Ref: NAME…………………………………………………….

TW………………………………………………………………………………………...

ACTION

INT