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

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

|  |  |
| --- | --- |
| **UNIT OF INJURED PLAYER** |  |
| **NAME OF INJURED PLAYER** |  | **INT.** |  | **DOB** |  |
| **SERVICE NUMBER OF INJURED PLAYER** |  |
| **ACTIVITY (Please put x in box)** | **MATCH** |[ ]  **TRAINING** |[ ]  **DATE** |  |
| **MATCH (If applicable)** |  | **V** |  |
| **VENUE** |  |
|  |
| **INJURED AREA** |  |
| **TYPE OF INJURY** |  |
| **WAS AN AMBULANCE REQUIRED** | Yes/ No\* |
| **HOSPITALISATION (If hospitalised overnight,** [**RFU Reportable Injury form**](https://rfu.widen.net/s/fj6whxtnf2/rfu-reportable-injury-event-form) **to be submitted)** | Yes/ No\* |
| **WAS THE INJURED PERSON MEDICALLY DOWNGRADED** | Yes/ No\* |
| **WAS THE INJURY THE RESULT OF FOUL PLAY** | Yes/ No\* |

 \**Delete as appropriate*

|  |
| --- |
| ***Brief description of how injury occurred:*** |
|  |

Form completed by:

NAME: RANK/RATE: DATE:

**This form should be forwarded to the RDO** **paul.todd104@mod.gov.uk** **within 2 weeks of the injury occurring. The MySafety process is also to be completed within Unit.**

For Official Use Only

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Processed By** |  | **Received On** |  | **RNRU Ref** |  |
| **Action** |  |