



APPENDIX 2. RUGBY TURF INJURY INFORMATION FORM

Match: versus
.....

or

Training: Yes No Venue:

Date/KO Time: Referee:

Conditions:

Type of Surface/Manufacturer/World Rugby Preferred Turf Producer:

Player Name: Position:

Nature and Cause of Injury:

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.....

Attention Required:

Period of Time Player Unable to Play Rugby:

Attending Doctor Name:

Signed by Union Medical Officer:

(Print Name in Block Capitals)

Confirmation by Union official of consent of Player/coach/medical officer to personal information sharing:

Signed: Date:

Name: