RUGBY CANADA INJURY REPORT

CLAIMS MUST BE PRESENTED WITHIN 90 DAYS OF THE INJURY DATE

INJURED PARTICIPANT: ☐ Player ☐ Team Official ☐ Game Official ☐ Spectator ☐ Volunteer ☐ Employee **DATE OF INJURY:** ______/______/______ (Month / Day / Year)

Name: ____ Parent/Guardian: ________________________________

Date of Birth: ______/______/______ (Month / Day / Year) Sex: ☐ (M) ☐ (F)

Address: ____ City/Town: ___________________________________

Province: ____________________ Postal Code: _____________ Phone Number: (_____)___________________________

Fax: (_____)____________________ E-mail: ____

*** IMPORTANT* FORMS 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, coach or club administrator of the home team.

Provincial Union: ______________________________________ (If Player) **Team Name:** ______________________________________

BODY PART INJURED:

Head: ☐ Eye Area ☐ Face ☐ Throat ☐ Dental ☐ Ear

Back: ☐ Neck ☐ Upper ☐ Lower

Trunk: ☐ Ribs ☐ Chest ☐ Abdomen

Arm ☐ Left ☐ Right: ☐ Shoulder ☐ Upper Arm ☐ Elbow ☐ Hand/Finger ☐ Forearm/Wrist ☐ Collarbone

Pelvis: ☐ Hip ☐ Groin

Leg ☐ Left ☐ Right: ☐ Thigh ☐ Knee ☐ Shin ☐ Foot ☐ Toe ☐ Other

NATURE OF CONDITION: ☐ Concussion ☐ Contusion ☐ Fracture ☐ Internal Organ Injury ☐ Strain ☐ Laceration ☐ Dislocation ☐ Sprain ☐ Separation ☐ Death ☐ Spinal Injury

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 _____________

Pacific Time / Mountain Time / Central Time / Eastern Time / Newfoundland Time / Labrador 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 ☐ Collision w/ Own Player ☐ Collision w/ Opponent
☐ Hit by Ball ☐ Fall on Pitch ☐ Non-Contact Injury
☐ Tackled from Behind ☐ Fight ☐ Blindsiding ☐ Other_______________

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

DESCRIBE HOW ACCIDENT HAPPENED: (Attach page if necessary)

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TEAM INFORMATION: (To be completed by a Team Official) Union: ____

Team Name: ___________________________ Team Official: ___________________________ Team Official Position: ____________________

Team Official's Contact Number: (_____)_____________ Opposing Team: ______________________________________

HEALTH INSURANCE INFORMATION: * THIS MUST BE COMPLETED IN FULL OR FORM PROCESSING WILL BE DELAYED*

Occupation: ☐ Employed Full-Time ☐ Employed Part-Time ☐ Employer (If minor, list parent's employer): ______________________ ☐ Unemployed ☐ Full-Time Student

Government Health Insurance Plan Number: ______________________

1. Do you have provincial health coverage? ☐ Yes ☐ No Province: ___________ 2. Do you have other insurance? ☐ Yes ☐ No **(If "Yes", Please Submit Claim To Your Primary Health Insurer)**

3. Has a claim been submitted? ☐ Yes ☐ No **(If "Yes", Please Forward Primary Insurer Explanations of Benefits)**

BRANCH APPROVAL:

Membership Number: ____ If Member, Date of Enrollment: ______/______/______ (Month / Day / Year)