



INJURY/ INCIDENT REPORT FORM
TEAM MANAGEMENT REPORT/UMPIRES REPORT

Injury/ Incident reports must be completed for the following injuries:

- Any injury that requires the player to be transported directly from the ground to an emergency department, hospital or after-hours medical centre.
Any injury that results in the admission of a player to an emergency department, hospital or after-hours medical centre after a game
Any injury that is expected to prevent a player from playing for a period of 3 weeks or longer.

Injury/ Incident reports must be forwarded to the Competitions Manager within 48 hours of the injury occurring. Please submit to competitions@oha.org.nz

INJURED PERSON (Please print clearly)

Surname: _____

First Name: _____

Date of Birth: _____ Gender: Male Female

Playing Position: _____ Grade: _____

ACCIDENT DETAILS

Date: _____ Time: _____

Place: _____

Type of Injury (please circle):

Concussion Dislocation Fracture
Laceration Serious Joint Other (specify) _____

Site of Injury (please circle):

Head Face Neck
Shoulder Back Arm
Hand Chest/Trunk Thigh/Hamstring
Knee Lower Leg Foot

Other (specify) : _____

On-Field Treatment Provider (please circle):

Team Official Umpire Other (specify) _____

Brief description of accident:

Name of person completing form: _____ Contact number: _____

Signature: