

Rugby Concussion Immediate Report Form

Player Information

Name

Date of Birth

Team/Club

Player Number

Incident Details

Date

Time

Location

Opponent

Match or Training

Concussion Event

Describe How Injury Happened

Signs/Symptoms Observed

Loss of Consciousness

Memory Loss (Amnesia)

Immediate Action Taken

Action Taken

Removed from Play?

Medical Attention Provided?

If yes, please specify who provided medical attention:

Reporter Details

Name

Role/Position

Report Date