



## SRU Serious Injury Notification Report

This report is to be completed for any suspected head, neck or spinal cord injury that occurs in a match or organized training session and requires the athlete to cease participation in said event and submitted to [medical@sru.org](mailto:medical@sru.org) or to the General Manager at SRU offices within 2 days of the incident .

### 1. Injured Participant's Information

FULL NAME (As Per NRIC / Passport)

DATE OF BIRTH:

GENDER:

MALE	FEMALE
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(Please tick one)

ADDRESS

  

CONTACT NUMBER

CONTACT EMAIL ADDRESS

<input type="text"/>	<input type="text"/>
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CLUB AFFILIATION

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### 2. Injured Athlete's Parent / Guardian / Next of Kin Information

PARENT / GUARDIAN NAME / N.O.K

CONTACT NUMBER

<input type="text"/>	<input type="text"/>
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### 3. Competition Information

DATE OF INJURY

LOCATION

<input type="text"/>	<input type="text"/>
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TYPE OF EVENT (e.g. league game; training session)



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### 4. Injury Information

**TYPE OF INJURY ( Eg. Head, Neck, Spinal Cord)**

**HOW DID THE INJURY OCCUR?**

**WAS THE ATHLETE TREATED AT THE SITE OF THE INJURY?**

  

**WAS THE ATHLETE TRANSPORTED TO A MEDICAL FACILITY?**

  

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### 5. Club contact for follow-up by SRU

**NAME**

**CONTACT NUMBER**

<input type="text"/>	<input type="text"/>
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**EMAIL ADDRESS**

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**SIGNATURE**

**DATE:**