

Ambulance Transport

INJURY PROFORMA



To: Doctor..... Date:

Dear Doctor,

1. This player sustained an Injury which has required ambulance transport whilst playing/training on the/...../..... at
2. The nature of the injury was as follows:.....
.....
3. Treatment that has been administered is as follows.....
4. Player was taken to Hospital. YES/NO (circle one)
5. Player was unconscious. YES/NO (circle one) for secs/mins/hrs (circle one)
6. Player was treated on-scene by a doctor. YES/NO (circle one)
7. A provisional diagnosis has been made. YES/NO (circle one) of.....

In order for the player to return to training and playing Rugby League, a Medical Clearance is required. Please:

- » Organise any test/s, investigations, referral or treatment which you deem necessary
- » Complete the Declaration below and keep a copy for your records.
- » Give this completed Proforma to the player.

DECLARATION OF FITNESS TO RETURN TO RUGBY LEAGUE

(Please print)

I have examined (player) on/...../..... and, having taken into account the nature, severity and circumstances of his recent injury, declare him to be medically fit to return to training for and playing Rugby League as of/...../.....

Signed:

Date:

Doctors Name:

Provider Number: