



REFEREE/ASSISTANT REFEREE BLUE CARD REPORT

SARU Competition:			
Provincial Rugby Union			
Home Team		Visiting Team	
Player's Full Name:		Team/Division:	
Playing Position:		Playing Number:	
Player's Age:		Date of birth:	
Venue:		Date of Match:	
Contact person(s) from family, school or club:	1. 2. 3.	Email address(es)	1. 2. 3.

Period of Game when incident occurred:
(Please circle)

1 st Half	2 nd Half
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Elapsed Time in Match:

Match Kick-off Time:

THE BLUE CARD EVENT WAS DETECTED BY:

Official ** (Please circle)	Name	Contact Number	Email Address	Signature
Referee				
Assistant Referee				

DESCRIPTION OF INCIDENT: (Please continue overleaf if necessary)

Injury causing event: (Tick the appropriate event observed)							
Tackling	<input type="checkbox"/>	Ruck	<input type="checkbox"/>	Scrum	<input type="checkbox"/>	Collision	<input type="checkbox"/>
Ball carry	<input type="checkbox"/>	Lineout	<input type="checkbox"/>	Open play	<input type="checkbox"/>	Hitting head on the ground	<input type="checkbox"/>
Other (specify)	<input type="checkbox"/>						

Signs/Symptoms: (Tick the appropriate signs/symptom's observed)		BRIEFLY DESCRIBE WHAT HAPPENED:	
Unsteady on Feet	<input type="checkbox"/>	Confused	<input type="checkbox"/>
Nauseous	<input type="checkbox"/>	Vomiting	<input type="checkbox"/>
Headache	<input type="checkbox"/>	Dazed	<input type="checkbox"/>
Dizzy	<input type="checkbox"/>	Blurred Vision	<input type="checkbox"/>
Unconscious	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>

Submit a copy to the local Provincial Rugby Union BokSmart Coordinator (<http://boksmart.sarugby.co.za/content/boksmart-contact-us/>), the local Referee Manager (<http://www.sareferees.com/about/provincial-contact-details/>) and eugenev@sarugby.co.za within 1 working day after the match.
The Match Referee must also capture this report onto Footprint at www.sarugby.online/bluecard.