**REFEREE REPORT ON CONCUSSION SUSPENSION (BLUE CARD)**

Player’s Team Player’s Name

Venue Date

 Playing Position of Player Player’s Number

Nature of Collison/ Incident:

Period of the match when incident occurred 1st Half 2nd Half

Elapsed time in half

Proximity to the incident (metres)

**REFEREE’S NAME** UNION

Contact Phone

**REPORT TO BE LODGED WITH THE PROVINCIAL UNION WHERE THE MATCH WAS PLAYED WITHIN 48 HOURS OF THE MATCH**