



NEW ZEALAND RUGBY
**BLUE CARD REIMBURSEMENT CLAIM
FORM**

*Please complete required fields & attach receipts
Maximum of three concussion-related medical
appointments*

Date	Player Full Name	Details / Reason for reimbursement	Total Cost
	<i>FirstName LastName</i>	<i>Medical appointment for concussion diagnosis/ clearance</i>	

Clamant: _____

Email address _____

Date of claim _____

Bank account name _____

Bank account number _____

Date _____