

Employee Medical Incident Report

1. Title: Employee Medical Incident Report

2. Basic Information

- **Report ID:** [Unique Identifier]
- **Date of Incident:** [DD/MM/YYYY]
- **Time of Incident:** [HH:MM AM/PM]
- **Location of Incident:** [Specify Location, e.g., Department, Office, Ward, etc.]

3. Employee Information

- **Employee Name:** [Full Name]
- **Employee ID:** [Employee Number]
- **Job Title/Position:** [Position Title]
- **Department/Unit:** [Department/Unit Name]
- **Supervisor/Manager:** [Name of Supervisor/Manager]

4. Incident Description

- **Type of Incident:** [Slip, Fall, Injury, Illness, etc.]
- **Detailed Description of Incident:**
[Provide a clear, detailed description of the incident, including what happened, how it happened, and any immediate actions taken.]

5. Cause of Incident

- **Contributing Factors:**
 - [Wet Floors]

- [Equipment Malfunction]
 - [Human Error]
 - [Other - Specify]
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6. Immediate Actions Taken

- **Immediate Response:** [First Aid, Treatment Provided, etc.]
- **Person(s) Notified:** [Name, Title, and Contact Information of People Informed]

7. Witness Information

- **Name of Witness:** [Full Name]
- **Position/Title:** [Job Title]
- **Contact Information:** [Phone Number, Email Address]
- **Witness Statement:**
[Provide a summary of the witness's account of the incident.]

8. Injury Details

- **Type of Injury:** [Bruise, Cut, Fracture, etc.]
- **Body Part Affected:** [Arm, Leg, Head, etc.]
- **Treatment Provided:** [First Aid, Hospitalization, etc.]

9. Corrective Actions and Preventive Measures

- **Corrective Actions Taken:**
 - [Provide a description of steps taken to prevent reoccurrence.]
- **Preventive Measures:**
 - [Changes to procedures, new safety protocols, etc.]

10. Signatures

- **Prepared by (Name, Title, Date, Signature):**

- Name: [Full Name]
- Title: [Position]
- Date: [DD/MM/YYYY]
- Signature: [Signature]
- **Reviewed by (Name, Title, Date, Signature):**
 - Name: [Full Name]
 - Title: [Supervisor/Manager]
 - Date: [DD/MM/YYYY]
 - Signature: [Signature]