

Medical Assistant Incident Report

1. Title: Medical Assistant 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:** [Department, Clinic, Office, etc.]

3. Medical Assistant Information

- **Name of Medical Assistant:** [Full Name]
- **Employee ID:** [Employee Number]
- **Supervisor:** [Name of Supervisor]

4. Incident Description

- **Type of Incident:** [Patient Injury, Mistake in Records, etc.]
- **Detailed Description:** [Describe the incident step-by-step.]

5. Corrective and Preventive Actions

- **Corrective Actions:** [What was done to resolve the incident.]
- **Preventive Measures:** [Actions to avoid a repeat.]

6. Signatures

- **Prepared by:** [Full Name, Title, Date, Signature]
- **Reviewed by:** [Supervisor Name, Title, Date, Signature]