

Carermax Health services PLLC

Incident Form (Must be filled immediately when an incident occurs and send to the Caremax Health Service Manager)

NAME:

TYPE OF INCIDENT:

DATE AND TIME OF THE INCIDENT:

FACILITY:

Please describe the incident below/ Write your statement about the incident:

(Please you can attach another paper for more information if the space is not enough)

I hereby affirm the above statement as accurate about the incident,

Employee Name:

Employee signature:

Official use only:

DATE INCIDENT WAS REPORTED TO THE FACILITY AND TO WHOM:

DATE INCIDENT WAS REPORTED TO CAREMAX HEALTH SERVICES: