

# Medication Reaction Observation Report

**Date:** [Insert Date]

**Patient Name:** [Patient's Name]

**Patient ID:** [Patient's ID]

**Medication Administered:** [Medication Name]

**Dosage:** [Dosage Information]

**Observation Period:** [Starting Date] to [Ending Date]

## Reaction Details

**Date of Reaction:** [Date]

**Time of Reaction:** [Time]

**Type of Reaction:** [Describe Reaction]

**Severity:** [Mild/Moderate/Severe]

**Symptoms Observed:** [List Symptoms]

**Action Taken:** [Describe Action Taken]

## Additional Notes

[Any additional observations or comments]

## Report Prepared By

**Name:** [Your Name]

**Position:** [Your Position]

**Signature:** \_\_\_\_\_