

**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM**  
**DEPARTMENT OF SHARIAH COMPLIANCE**  
**SHARIAH LIAISON OFFICER MONTHLY REPORT**

<b>Shariah Liaison Officer's Name</b>	
<b>Department / Unit / Ward / Clinic</b>	
<b>Month</b>	
<b>Date</b>	

DETAILS
<b>Report / Issue</b>
<b>Corrective Action (if any)</b>
<b>Suggestions / Recommendations from SLO</b>
<b>Shariah Liaison Officer:</b>  Signature : ..... Name : ..... Position : ..... Date : .....