

DATE:
TIME:



IIUM-IIUMMC-SHAR-F011  
VER: 01  
REV: 01  
EFFECTIVE DATE: 12 MAY 2021

**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM**  
**DEPARTMENT OF SHARIAH COMPLIANCE**  
**SHARIAH CLINIC FORM**

Staff Name / Staff No.	
Department / Unit / Ward / Clinic	
Date	

**DETAILS**

Issue
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Suggestions/ Recommendations/ Comments from Representative from Department of <i>Shariah</i> Compliance
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Corrective Action
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Next Follow Up (if any)
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<b>Representative from Dept./Unit/Ward/Clinic:</b>  Signature: ..... Name : ..... Position : ..... Date : .....	<b>Representative from Department of <i>Shariah</i> Compliance:</b>  Signature: ..... Name : ..... Position : ..... Date : .....
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