



NEOM Hospital Form
Accommodation Check-Out Form

CHS Facilities Services

Section 1. Guest Details		FEMALE	
Guest Name	ISABELLA VAN WYK		
Company ID/Passport No.	2563255021	Company Name	FAKEEH
Department	ICU	Position	Head Nurse
Building Number	B-2	Room Number	R-3

Status/Rationale of Leave: Annual Leave ☐ Emergency Leave ☐ Medical Leave ☐ Others ☒

Section 2. Furniture, Electrical, Appliances & Household Items

Personal Items	Issued No	Common Items	Issued No
Bed with mattress	1	Fridge	1
Bedside Table	1	TV	1
Bed Sheet, Pillow & Pillowcase	2	Telephone	1
Duvet, Bath Towel, Hand Towel & Face Towel	1	Chairs	2
Room Door Key	1	Coffee Table	1
Snack Plate, Coffee Mug, WaterGlass & Spoon	1	TV Remote	1
Room Slippers	1	A/C Remote	1
Welcome Pack Set	1	Laundry Bag	1
Bed Lamp	1		

Section 3. Guest Remark

Guest Signature:		Check-Out Date	15 / July / 2024
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Section 4. Accommodation In-charge Remarks

Rooms are in good condition	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Keys returned	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Accommodation In-charge Name	Eblisan Almarazi	
Accommodation In-charge Signature		Date
		15 / July / 2024

NIQS-O-FO- Accommodation Check-Out Form

July 15/2024
Received from the guest