



# NEOM Hospital Form Accommodation Check-Out Form

EF5 Facilities Services

## Section 1. Guest Details

Guest Name	WAEEL ABDULRAHMAN ALDARAWI		
Company ID/Passport No.	91723/1008660511	Company Name	FAKEEH
Department	CARDIOLOGY	Position	CONSULTANT
Building Number	B-2	Room Number	R-106 SINGLE-(A)

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: July 27, 2024

## 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	Sam	
Accommodation In-charge Signature	Sam	Date: July 27, 2024

NHOS-O-FO- Accommodation Check-Out Form

Remand from group