



# NEOM Hospital Form

## Accommodation Check-Out Form

EFS Facilities Services

### Section 1. Guest Details

MALE

Guest Name	FAYSAL RABBI		
Company ID/Passport No.	8555/2496773116	Company Name	FATEEH
Department	ANESTHESIA	Position	CLINICAL
Building Number	B-4	Room Number	R-5 SHARED (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, Water Glass & 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:

Faysal

Check-Out Date

20-08-2024 09:00 Am.

### Section 4. Accommodation In-charge Remarks

Rooms are in good condition

Yes

☒

No

☐

Keys returned

Yes

☒

No

☐

Accommodation In-charge Name

MARY

Accommodation In-charge Signature

CMH/AM.

Date

20-08-24

NHOS-O-F0- Accommodation Check-Out Form

Removed from the group