



# NEOM Hospital Form

## Accommodation Check-Out Form

EFS Facilities Services

Section 1. Guest Details				MALE
Guest Name	AZAM AZAM			
Company ID/Passport No.	9926/2258236989	Company Name	FAKEEH	
Department	ANESTHESIA	Position	TECH	
Building Number	B-4	Room Number	R-11 SHARED (B)	
Status/Rationale of Leave: Annual Leave <input type="checkbox"/> Emergency Leave <input type="checkbox"/> Medical Leave <input type="checkbox"/> Others <input checked="" type="checkbox"/>				

## Section 2. Furniture, Electrical, Appliances &amp; 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	20-8-2024 8:30 AM
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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	Mary	
Accommodation In-charge Signature		Date 20-08-24

NHOS-O-FO- Accommodation Check-Out Form

Removed from the group