



NEOM Hospital Form

EFS Facilities Services

Accommodation Check-Out Form

Muhammad Shafik Elgohary

Section 1. Guest Details

Guest Name	<i>Muhammad Shafik Elgohary</i>		
Company ID/Passport No.	<i>2139071696</i>	Company Name	<i>Fakeeh</i>
Department	<i>Pediatrics</i>	Position	<i>Consultant</i>
Building Number	<i>2</i>	Room Number	<i>4</i>
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 & 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:	<i>[Signature]</i>	Check-Out Date	<i>22/7/2024</i>
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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	<i>Ebtisam Alawati</i>	
Accommodation In-charge Signature	<i>[Signature]</i>	Date <i>22/7/2024</i>

NHOS-O-FO- Accommodation Check-Out Form

done remove from the group