



NEOM Hospital Form Accommodation Check-Out Form

Facilities Services

MALE

Section 1. Guest Details

Guest Name	OMAR ALDASSAM		
Company ID/Passport No.	10486/1048092692	Company Name	FAKEEH
Department	CARDIOLOGY	Position	CONSULTANT
Building Number	B-1	Room Number	2-112 (SINGLE - A)
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

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

Section 3. Guest Remark

Guest Signature:		Check-Out Date	13/7/2024
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Section 4. Accommodation In-charge Remarks

done remove from group			
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	Ebtisam Alanaazi		
Accommodation In-charge Signature		Date	13/July/2024