



NEOM Hospital Form

Accommodation Check-Out Form

FHS Facilities Services

Section 1. Guest Details

Guest Name	Abdulmalik Almhaimi		
Company ID/Passport No.	9749	Company Name	Fahuk
Department	Radiology	Position	consultant
Building Number	2	Room Number	7

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

7/6/24

Section 4. Accommodation In-charge Remarks

Rooms are in good condition

Yes

☒

No

☐

Keys returned

Yes

☒

No

☐

Accommodation In-charge Name

Rica

Accommodation In-charge Signature

Date

7/6/24

NH05-O-F0- Accommodation Check-Out Form

July 06 2024

Removed from the group