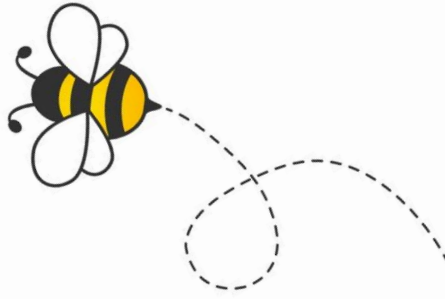


VMH BEE AWARD NOMINATION FORM



IF YOU KNOW OF A STAFF PERSON AT VERNON MEMORIAL HEALTHCARE (WHO IS NOT A NURSE) WHO GOES ABOVE AND BEYOND, PLEASE NOMINATE HIM OR HER FOR THE BEE AWARD!

Name of VMH Staff Person: _____

Where did the person provide service (Registration, Lab, etc.): _____

Please share why this staff person should be considered for a BEE Award. Please provide examples of above and beyond teamwork or service, personal characteristics or other useful information. Use the back side of this form if more space is needed.

Your name: _____ Date of nomination: _____

Phone: _____ Email: _____

I am (please choose one): Patient Family Member Healthcare Staff Non-Healthcare Staff Other

Please drop your nomination at any VMH location greeter or registration desk or mail to:

Vernon Memorial Healthcare
Att: Tracy Fortun - BEE Award
507 S. Main St.
Viroqua, WI 54665

