



# Nomination Form

I would like to nominate \_\_\_\_\_ from \_\_\_\_\_ department as a deserving recipient of The DAISY Award. This nurse's skill and compassion exemplify the kind of nurse that patients, their families, and staff recognize as an outstanding role model.

**Describe a specific situation or story that clearly demonstrates how this nurse made a meaningful impact.**

**Thank you for taking the time to nominate an extraordinary nurse for this award!**

Please tell us about yourself so that we may include you in the celebration of this award should the nurse you nominated be chosen for the prestigious DAISY Award.

Your Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_ Date: \_\_\_\_\_

I am (please check one): ☐ Patient ☐ Family/Visitor ☐ Volunteer ☐ Staff ☐ Other

*Please place this nomination form in one of the DAISY and ROSE boxes around the facility or mail to:  
Lucas County Health Center, Attn: Marketing, 1200 North 7<sup>th</sup> Street, Chariton, IA 50049*



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