

The DAISY Award Nomination Form for Health First



In collaboration with



I would like to nominate _____
from the _____ unit/department as a deserving recipient of The DAISY Award.
This nurse's clinical skill and her/his compassionate care exemplify the kind of nurse that our patients, their families and our staff recognize as an outstanding role model. She/he consistently meets all of the following criteria:

Nomination Criteria:

- Dedicated to Exceptional Care
- Patient and Family Champion
- Skillful Communicator
- Provides Extraordinary Care
- Demonstrates Promotion of Holistic Healing Presence (*physical, emotional, mental, and spiritual*)
- Dynamic Collaborator



Please describe a situation or provide a patient letter involving the nurse you are nominating that clearly demonstrates how he/she meets the criteria for **The DAISY Award**: (*please use back of page if more space is needed*)

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.

Your Name: _____ Unit: _____

Phone: _____ Pager: _____

Email: _____ Date of Nomination: _____

I am (*please check one*): RN Patient Family/Visitor MD Staff Volunteer

Awards are given quarterly in November, February, May and August.

Please return completed nomination forms to any guest services desk or in the containers provided. If you have any questions please call 321.868.8329.