

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: _____

Email: _____ Mobile: _____

I am (please check one):

- | | | |
|-----------------------------|----------------------------------|--------------------------------------------|
| <input type="checkbox"/> RN | <input type="checkbox"/> Patient | <input type="checkbox"/> Family |
| <input type="checkbox"/> MD | <input type="checkbox"/> Staff | <input type="checkbox"/> Significant Other |

Date of nomination: _____

Nominations will be reviewed by the DAISY Award Committee on a quarterly basis. Nominations received after the last day of the end of the quarter will be considered for the following quarter's DAISY Award.

Please drop this Nomination Form to DAISY boxes located in various areas (hospital lobby, all nursing units, emergency department, ancillary sections / departments / centers / institutes) of the hospital.

If you have any questions, please contact us at 8-789-7700 loc. 5062 / 5093 or at mobile number 09985822317 (DAISY Awards Coordinator).

Manager Acknowledgement

I acknowledge that this nurse is in good standing.

Printed Name / Signature: _____

Designation: _____

NURSING CARE GROUP

5th Floor, Main Hospital Building
St. Luke's Medical Center - Global City

Tel No.: 8-789-7700 loc. 5062/5093

Mobile: 09985822317

Visit us at www.stlukes.com.ph



St. Luke's
Nursing Care Group



St. Luke's
Medical Center
Global City
We love life.

THE DAISY AWARD

NOMINATION FORM



DAISY Award Honorees personify **St. Luke's Medical Center's** remarkable patient experience. These nurses consistently demonstrate excellence through their clinical expertise and extraordinary compassionate care, and they are recognized as outstanding role models in our nursing community.

SHARE YOUR STORY!

KINDLY USE ONE (1) NOMINATION FORM PER NURSE

