## Helping Hands Recognition Form

## **Decatur County Hospital award for support staff involved in direct patient care**

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I would like to nominate		
who works on	(unit/area	a) for the Helping Hands Award.
My nominee is a true team member excellent communication skills, is a compassionate. He/she makes a diffamilies as indicated in the following	a professional who is of ference in the lives of	consistently caring and patients and/or patients'
My name (print)	Phone	Email

RN \_\_\_\_\_ MD \_\_\_\_\_ Family Member \_\_\_\_\_ Visitor \_\_\_\_\_ Patient \_\_\_\_\_

Please send this completed nomination form to:
Brandi Oesch, Director of Nursing
1405 NW Church Street
Leon, IA

Volunteer \_\_\_\_ Other (please specify): \_\_\_\_

I am a (please check one):



