



First Class
Postage
Required

NOMINATOR INFORMATION

Your Name: _____

Phone: (____) ____ - ____

Email: _____

I am a :

- ☐ Patient
- ☐ Family Member/ Visitor
- ☐ Tomah Health Employee

Department: _____

- ☐ Volunteer/Community Member
- ☐ Other: _____

If you have any questions, please contact
Executive Administrative Assistant
Kari Steinhoff at 608-377-8688.

April 2024



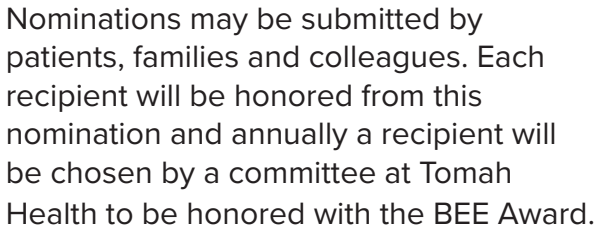
Want to Thank a Support Service Member?

Tomah Health's BEE Award recognizes support personnel who have provided exceptional care and service to patients.

All support staff such as CNA's, HUC's, Lab Tech's, Imaging Tech's, Housekeepers, Facility Staff or others - can be nominated for the BEE Award.

Tomah Health
Attn: Kari Steinhoff
501 Gopher Drive
Tomah, WI 54660





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- Given to Tomah Health Staff Members
- Emailing information outlined in this brochure to: KSteinhoff@TomahHealth.org

**Scan the QR Code
to submit the
BEE Award Online
at TomahHealth.org.**



First name and last initial of the staff member you are nominating: _____

Position or department in which the staff member works: _____

Below, please describe a specific situation or story that clearly demonstrates how this staff member made a meaningful difference in your care.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.