



# CENTRAL DUPAGE HOSPITAL EMERGENCY MEDICAL SERVICES SYSTEM

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## CALL OF THE MONTH NOMINATION FORM

**THIS FORM IS TO BE UTILIZED TO NOMINATE AND RECOGNIZE AN EMS CREW FOR OUTSTANDING PERFORMANCE, UNUSUAL CIRCUMSTANCES, OR OTHER SITUATION IN WHICH SAID CREW WENT ABOVE AND BEYOND THE CALL OF DUTY.**

DATE OF CALL: \_\_\_\_/\_\_\_\_/\_\_\_\_ TIME OF CALL: \_\_\_\_\_ HRS EMS RUN #: \_\_\_\_\_

EMS PROVIDER AGENCY: \_\_\_\_\_

CREW (LIST ALL NAMES):

DESCRIPTION OF CALL:

DESCRIPTION OF WHY THIS CALL IS BEING NOMINATED:

SUBMITTED BY: \_\_\_\_\_

EMS AGENCY: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_/\_\_\_\_/\_\_\_\_

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