East Tennessee State University Wellness Committee

HEALTH HERO NOMINATION

Nominee Information:

First Name: ___________________________  Last Name: ___________________________
Department: ___________________________  Title/Class: ___________________________
Campus Telephone: _____________________  Email Address: _______________________

Nominator Information:

First Name: ___________________________  Last Name: ___________________________
Department: ___________________________  Title/Class: ___________________________
Campus Telephone: _____________________  Email Address: _______________________
Campus Box: ___________________________

Please write a short narrative describing how the nominee demonstrates one or more of the following nomination criteria:
• A consistently healthy life-style and positive attitude
• A life-style change that is healthier
• A noteworthy health accomplishment, e.g. weight loss, miles run/walked per week/month, overcome significant health obstacles, or having made a significant contribution to the wellness of others

In addition, the nominee should:
• Be a current ETSU student, faculty, or staff member, a member of the ETSU Alumni Association or the ETSU Retirees Association
• Exhibit satisfactory performance and a positive image as a member of the ETSU community

If you would like, you may also include an interesting personal story or information that would enhance the nominee’s recognition.

I certify that the above information is correct. I give East Tennessee State University’s Wellness Committee permission to prepare a release and use the information on the Wellness Committee web site and Health Tip messages.

Signature of Nominator: ___________________________  Date: ________________

Signature of Nominee: ___________________________  Date: ________________