If you would like to recognize an Inova Fair Oaks Hospital employee, physician or volunteer who has demonstrated one of the six Shared Beliefs of Compassion, Respect, Excellence, Dedication, Innovation or Trust, please take a moment to fill out the form on the inside of this card. These Shared Beliefs were created by our own employees and help guide us in our daily work.

Completed nomination forms may be dropped off in any of the Shared Belief boxes located near the hospital elevators or outside Human Resources, located on the first floor, just off of the main lobby.

Inova Health System is a not-for-profit healthcare system based in Northern Virginia that consists of hospitals and other health services, including emergency- and urgent-care centers, home care, nursing homes, mental health and blood donor services, and wellness classes. Governed by a voluntary board of community members, Inova’s mission is to improve the health of the diverse community it serves through excellence in patient care, education and research. Inova provides a healthy environment for its patients, families, visitors, staff and physicians by prohibiting tobacco use on its campuses.

Inova Fair Oaks Hospital
3600 Joseph Siewick Drive
Fairfax, VA  22033

www.inova.org
G-27169-b-08:5.000

Recognize Someone who exemplifies our Shared Beliefs

Our Six Shared Beliefs:
We are guided by the virtue of Compassion.
We Respect our colleagues, associates and patients.
We are motivated to achieve Excellence.
We are Dedicated to living our mission.
We embrace Innovation as essential to achieving our goals.
We value Trust as the cornerstone of all our relationships.

Each nominee will receive a recognition letter from our hospital administrator and be invited to a special luncheon in their honor.
I would like to nominate:

<table>
<thead>
<tr>
<th>First Name</th>
<th>Last Name</th>
<th>Date</th>
<th>Department</th>
</tr>
</thead>
</table>

for the following Shared Belief (check only one):

- [ ] Compassion
- [ ] Respect
- [ ] Dedication
- [ ] Innovation
- [ ] Excellence
- [ ] Trust

Please let us know why you are nominating this employee:

__________________________________________________________________________________________________________________________________________________

I am an [ ] employee [ ] physician [ ] volunteer [ ] patient [ ] visitor [ ] other

Your name: ____________________________________________________________________________________

Dept/phone number (if applicable):

Thank you so much for your time. Each nominee will receive a recognition letter from our hospital administrator and be invited to a special luncheon in their honor and will be eligible for a quarterly drawing. Please drop the nomination form in the Shared Beliefs Box located outside Human Resources (first floor, just off the main lobby) or boxes located near the elevators.

Disclaimer: Please note that nomination forms must be filled out completely. Unfortunately incomplete nomination forms cannot be processed. Only employees are eligible for the drawing.