

# Texas VFW Medical Hero



Name: \_\_\_\_\_

Title: \_\_\_\_\_

Post #: \_\_\_\_\_ District: # \_\_\_\_\_

Email: \_\_\_\_\_

Nominee's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Hospital or Clinic Address:  
\_\_\_\_\_



**Purpose:** The Texas VFW Medical Hero State Commander Certificate of Recognition is presented to a physician or nurse who has exemplified themselves in a professional and positive manner to achieve a common goal of excellence in patient care during the COVID-19 Pandemic.

**Eligibility:** Any physician or registered nurse with privileges at your local Clinic or Hospital for a minimum of one year.

**Award Presentation:** The recipient will be presented Certificate of Recognition at your local VFW Post by the Post or District Commander VFW Post.

---

## VFW DEPARTMENT OF TEXAS

8503 North Interstate Highway 35 Office 512.834.8535  
Austin, Texas 78753 Fax 512.834.9232

[vfw@texasvfw.org](mailto:vfw@texasvfw.org)  
[www.texasvfw.org](http://www.texasvfw.org)