

I.B. HARRISON, M.D. HUMANITARIAN AWARD - 2025

PRESENTED BY THE CAPITAL MEDICAL SOCIETY IN MARCH

Established in 1997, this award is presented every March, in association with Doctors' Day to recognize and honor a physician in our community for his/her dedication and commitment to those values we associate with Dr. I.B. Harrison.

Dr. I.B. Harrison has always personified the best of our medical profession. During his lengthy career in the Tallahassee medical community, Dr. Harrison taught and influenced many local physicians. He was known as the voice for the ethical, compassionate practice of medicine. Dr. Harrison's ability to look at all patients, rich or poor, with the same compassion, caring and skill has been an inspiration to many who were fortunate enough to work with him. His primary goals were to comfort the sick and relieve suffering as he was treating illness, and to teach young doctors to do the same; treating all with respect and dignity.

PREVIOUS RECIPIENTS

Dr. I.B. Harrison
1997
Dr. Hank Watt
1998
Dr. A.D. Brickler
1999
Dr. William Smith
2000
Dr. Pat Woodward
2001
Dr. Brian Sheedy
2002
Dr. Orson Smith
2003
Dr. David Craig
2004
Dr. James Stockwell
2005
Dr. Lisa Jernigan
2006
Dr. Charles Mathews
2007
Drs. Louis & Judy
St. Petery
2008
Dr. Sam Moorer
2009
Dr. Whit Oliver
2010
Dr. Donald Zorn
2011
Dr. James Geissinger
2012
Dr. David Miles
2013
Dr. Nelson Kraeft
2014
Dr. Al McCully
2015
Dr. H. Avon Doll, Jr.
2016
Dr. Richard Zorn
2017
Dr. Duncan Postma
2018
Dr. Andrew Wong
2019
Dr. Sergio Ginaldi
2020/2021
Dr. Robert D. Snyder
2022
Dr. Faisal Munasifi
2023
Dr. David Huang
2024

NOMINATION FORM

NOMINEE'S NAME: _____

NOMINEE'S SPECIALTY AND PLACE OF PRACTICE: _____

HOW LONG HAS NOMINEE BEEN IN MEDICAL PRACTICE?

Please describe in 200 words or less how your nominee exemplifies the values that Dr. I.B. Harrison personified — compassion, service, respect, wisdom and integrity. This is required. Please be specific.

BLANK NOMINATIONS WILL NOT BE CONSIDERED. YOUR SUBMISSION MAY BE ATTACHED TO THIS FORM.

Nominator's Name: _____

Telephone: _____

E-mail: _____

PLEASE SUBMIT YOUR NOMINATION TO THE CMS OFFICE
(BY MAIL - 1204 MICCOSUKEE ROAD, TALLAHASSEE, FL 32308,
OR BY E-MAIL - SBOYLE@CAPMED.ORG) BEFORE JANUARY 10, 2025.