



Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

(Put an "X" by the appropriate designation below)

_____ Commissioners Court for _____ County

_____ Governing Body for the Municipality of SCHERTZ

_____ Director, _____ Health Department

_____ Director, _____ Public Health District

I, _____, acting in my capacity

as: *(Put an "X" by the appropriate designation below)*

_____ County Judge or Designee

_____ Mayor or Designee

_____ Non-physician and the Local Health Department Director

_____ Non-physician and the Public Health District Director

do hereby certify the physician, CHICHI JUNDA WOO, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

Health Authority

_____ Health Authority Designee

for the jurisdiction of SCHERTZ, Texas.

Date term of office begins _____, 20__

Date term of office ends _____, 20__, unless removed by law.

I certify to the above information on this the _____ day of _____, 20__.

Signature of Appointing Official