



Certificate of Appointment

For a

Local Health Authority

I, Ivy Taylor, acting in the capacity as a

(Check the appropriate designation below)

- Non-physician and the Local Health Department Director
 Mayor or Designee
 County Judge of Designee
 Chairperson of the Public Health District

do hereby certify the physician, Dr. Chichi Junda Woo, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for San Antonio / Bexar County, Texas.

Date term of office begins July 23, 2015

Date term of office ends July 23, 2017, unless removed by law.

The Local Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

- Director, _____
- City Council for the City of San Antonio, Texas
- Commissioners Court for _____ County
- Board of Health for the _____ Public Health District

I certify to the above information on this the 23rd day of July, 2015.



Signature of appointing official

(See reverse side for instructions)