

**STATE OF TEXAS**

**COUNTY OF BEXAR**

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§

**INTERLOCAL AGREEMENT  
FOR DESIGNATION OF  
HEALTH AUTHORITY**

This Interlocal Agreement (the “Agreement”) is entered into under the authority of Government Code Chapter 791 and Health and Safety Code §121.028(c) by the City of San Antonio (“SAN ANTONIO”), a Texas Municipal Corporation, acting by and through its City Manager, and the municipalities that are listed and have signed below, all entirely or partially situated within Bexar County, Texas, through their duly authorized City Managers, Boards of Directors, or other lawfully designated representatives (each municipality shall hereinafter be referred to singularly as a “CITY” and collectively as the “CITIES”).

**RECITALS**

Bexar County and SAN ANTONIO are members of the San Antonio Metropolitan Health District (the “District”), a Public Health District under Health and Safety Code Chapter 121, Subchapter E.

The Medical Director of the District, Chichi Junda Woo, M.D. (“Dr. Woo”), has been designated by Bexar County and SAN ANTONIO as the Health Authority to administer state and local laws relating to public health within the jurisdiction of the District pursuant to the attached Bexar County Resolution and City Ordinance incorporated herein for all purposes as Exhibits I and II, which includes SAN ANTONIO and the unincorporated areas of Bexar County, but does not include the jurisdiction of any of the CITIES.

In order to protect the health and safety of the public throughout Bexar County, to include areas within the jurisdiction of any of the CITIES, each CITY desires to appoint Dr. Woo as its Health Authority, in accordance with Government Code Chapter 791.

Accordingly, the parties to this Agreement (collectively, the “Parties”) agree as follows:

**ARTICLE I**  
**PURPOSE**

1.01 The purpose of this Agreement is to appoint Dr. Woo as the Health Authority for each CITY and to describe the terms and conditions under which she will provide assistance to the CITIES.

**ARTICLE II**  
**TERM**

2.01 This Agreement will begin on the date Dr. Woo qualifies as the CITIES’ Health Authority by taking the oath of office and will automatically renew thereafter for as long as Dr. Woo continues to serve as the Medical Director of the District.

2.02 Any CITY may terminate this Agreement by giving ninety days written notice to SAN ANTONIO. A termination by a CITY is only effective as to that CITY. A copy of this Agreement will be kept on file in the office of the District.

**ARTICLE III**  
**DESIGNATION OF HEALTH AUTHORITY**

3.01 The CITIES will appoint Dr. Woo to serve as their Health Authority pursuant to Health and Safety Code Chapter 121. The position of Health Authority is a public office to which the holdover provision of the Texas Constitution, Article XVI, Section 17, applies. The terms and conditions under which Dr. Woo's authority is invoked are more fully described in Article IV below. A copy of the Certificate of Appointment for each CITY is attached to this Agreement as Exhibit "A".

3.02 The CITIES will re-appoint Dr. Woo as their Health Authority upon expiration of her two-year term and Dr. Woo will qualify to continue serving as the Health Authority for the CITIES by taking the oath of office and by filing all appropriate documentation with the state.

**ARTICLE IV**  
**EMERGENCY AND NON-EMERGENCY SERVICES**

4.01 In the event of an occurrence anywhere within Bexar County of: a) a chemical, nuclear, or biological agent, or b) a naturally-occurring catastrophe, including but not limited to an infectious disease, (an "Emergency Event") that, in the sole discretion of Dr. Woo or her designee, constitutes a civil emergency and places the health and safety of the residents of Bexar County at risk, then Dr. Woo shall be the Health Authority permitted to provide emergency assistance anywhere within Bexar County. Upon the occurrence of an Emergency Event, Dr. Woo shall have all powers and duties granted to a Health Authority under Health and Safety Code §121.024, including the authority to impose control measures to prevent the spread of disease in accordance with Health and Safety Code Chapter 81.

4.02 A CITY may consult with Dr. Woo regarding the remediation or abatement of a condition that threatens the public health in that CITY but is not an Emergency Event. However, no services shall be performed in that CITY by Dr. Woo or the District without prior written authorization from that CITY sent to the address set forth in section 5.01 of this Agreement.

**ARTICLE V**  
**COMPENSATION**

5.01 If Dr. Woo provides services to a CITY in accordance with Article IV Sections 4.01 or 4.02, that CITY shall reimburse SAN ANTONIO on behalf of the District for those services actually rendered in accordance with Government Code Chapter 791.011(e) to the address set forth below:

San Antonio Metropolitan Health District  
Accounting Division Attn: Accounting Division  
111 Soledad, STE 1000  
San Antonio, Texas 78205

Compensation for the services shall be payable only out of current revenues available to that CITY.

**ARTICLE VI**  
**REPRESENTATIONS**

6.01 Each CITY represents that it has, through resolution or other official action, designated Dr. Woo as Health Authority and authorized her, or her designee, to provide emergency assistance as described in this Agreement.

## **ARTICLE VII** **SEVERABILITY**

7.01 If any provision of this Agreement is found to be invalid, all other provisions will nevertheless remain in effect.

## **ARTICLE VIII** **GOVERNING LAW**

8.01 This Agreement will be governed by the laws of the State of Texas, and all obligations of the Parties under this Agreement are performable in Bexar County, Texas. In any legal action arising from this Agreement, the laws of Texas will apply.

## **ARTICLE IX** **MULTIPLE COUNTERPARTS**

9.01 For the convenience of the Parties, this Agreement has been executed in counterpart copies, which are in all respects identical and each of which will be deemed to be complete in itself so that any one may be introduced in evidence or used for any other purpose without the production of the other counterparts.

EXECUTED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

### **HEALTH AUTHORITY:**

\_\_\_\_\_  
CHICHI JUNDA WOO, M.D.  
Medical Director  
San Antonio Metropolitan Health District

Date: \_\_\_\_\_

### **CITY OF SAN ANTONIO:**

APPROVED AS TO LEGAL FORM:

\_\_\_\_\_  
ERIK WALSH  
City Manager

\_\_\_\_\_  
ANDREW SEGOVIA  
City Attorney for the City of San Antonio

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF ALAMO HEIGHTS:**

By: Bud/K

Its: City Manager

Date: 05/28/2020

**CITY OF BALCONES HEIGHTS:**

By: *Suzanne de la*

Its: *Mayer*

Date: *5-22-2020*

**CITY OF CHINA GROVE:**

By: Mary Ann Hylb

Its: Mayor

Date: May 21 2020

**CITY OF ELMENDORE:**

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_

**CITY OF HILL COUNTRY VILLAGE:**

By:  \_\_\_\_\_

Its: \_\_\_\_\_

Date: 06.24.20



**CITY OF KIRBY:**

By: Lisa Pierce

Its: Mayor

Date: 6-11-20

**CITY OF LEON VALLEY:**

By: Kelly Kuenstler

Its: City Manager

Date: 5-19-2020

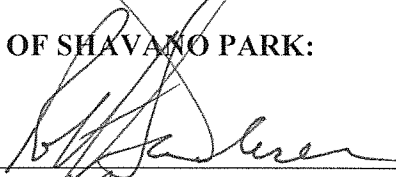
**CITY OF LIVE OAK:**

By: Mary M. Dennis

Its: Mayor

Date: May 26, 2020

CITY OF SHAVANO PARK:

By: 

Its: Mayor

Date: May 18, 2020

**CITY OF TERRELL HILLS:**

By: X Annem Ballantys

Its: MAYOR

Date: 6/8/2020

**CITY OF UNIVERSAL CITY:**

By: Sam M. Turner

Its: City Manager

Date: 6/16/2020

CITY OF VON ORMY:

By: Sally Martinez

Sally Martinez

Its: Mayor

Date: June 24, 2020

**CITY OF WINDCREST:**

By: Daniel J Reese

Its: 

Date: 06/11/2020



MH  
08/16/2018  
Item No. 19

# Attachment I

## ATTACHMENT I

**STATE OF TEXAS**  
**COUNTY OF BEXAR**

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**RESOLUTION – HEALTH  
AUTHORITY APPOINTMENT**

**WHEREAS**, during the 68th Legislature, Governor Mark White signed the “Local Public Health Reorganization Act” into law; and,

**WHEREAS**, during the 71st Legislature, the legislature recodified the Act as Chapter 121 of the Texas Health and Safety Code, which among other things defines the powers of counties and municipalities as it relates to the local regulation of public health, including the establishment of a public health district; and,

**WHEREAS**, Bexar County and the City of San Antonio are members of the San Antonio Metropolitan Health District, a public health district under Texas Health and Safety Code Chapter 121, Subchapter E; and,

**WHEREAS**, the members of a public health district shall approve the appointment of a physician as the health authority for the district; and,

**WHEREAS**, the Health and Safety Code defines a health authority as an individual who acts as a state officer when performing their duties, which include: aiding the state with quarantine, sanitation enforcement, public health law enforcement, reportable diseases, and vital statistics collection; and,

**WHEREAS**, a health authority must be a competent physician with a reputable professional standing who is a resident of Texas, is legally qualified to practice medicine, shall serve for a term of two years, and may be appointed to successive terms; and,

**WHEREAS**, Bexar County seeks a health authority who strives to do what is in the best interest of all county residents, one who encourages preparedness, prevention, planning, response, and recovery activities; and,

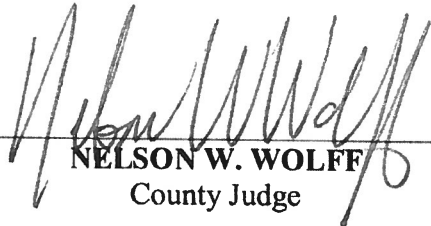
**WHEREAS**, Bexar County requires the appointment of a health authority who will work collaboratively with the county’s chief elected official, the Office of Emergency Management, county staff, and the Bexar County Hospital District (DBA University Health System); and,

**WHEREAS**, Dr. Chichi Junda Woo is a licensed physician who meets all statutory requirements, and was approved by the City Council of the City of San Antonio as the Health Authority for the San Antonio Metropolitan Health District.

**NOW THEREFORE, BE IT RESOLVED** that the County of Bexar Commissioners Court:


APPROVES THE APPOINTMENT OF DR. CHICHI JUNDA WOO AS HEALTH AUTHORITY FOR THE COUNTY OF BEXAR AND SAN ANTONIO METROPOLITAN HEALTH DISTRICT.

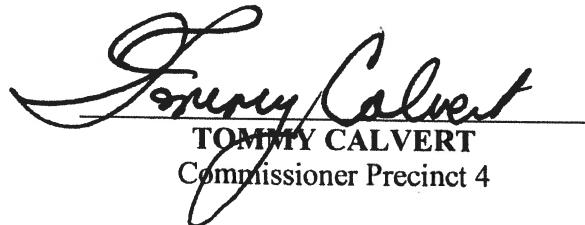
**PASSED AND APPROVED** by the Commissioners Court of the County of Bexar, Texas on this 17th day of December 2019.

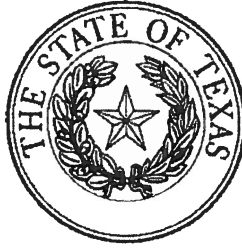
  
NELSON W. WOLFF  
County Judge

  
SERGIO "CHICO" RODRIGUEZ  
Commissioner Precinct 1

  
JUSTIN RODRIGUEZ  
Commissioner Precinct 2

  
KEVIN A. WOLFF  
Commissioner Precinct 3

  
TOMMY CALVERT  
Commissioner Precinct 4



## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

☒ Commissioners Court for BEXAR County  
☐ Governing Body for the Municipality of \_\_\_\_\_  
☐ Director, \_\_\_\_\_ Health Department  
☐ Director, \_\_\_\_\_ Public Health District

I, NELSON W. WOLFF, acting in my capacity as:

(Check 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 BEXAR COUNTY & SAN ANTONIO, Texas.

Date term of office begins December 17, 2019

Date term of office ends December 16, 2021, unless removed by law.

I certify to the above information on this the 17th day of December, 2019

  
Signature of Appointing Official

MH  
08/16/2018  
Item No. 19

# Attachment II

**AN ORDINANCE 2018-08-16-0631**

**AUTHORIZING THE EXECUTION AND SUBMISSION OF A CERTIFICATE OF APPOINTMENT OF LOCAL HEALTH AUTHORITY NAMING DR. CHICHI JUNDA WOO, MEDICAL DIRECTOR FOR THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT, AS LOCAL HEALTH AUTHORITY FOR SAN ANTONIO AND SURROUNDING AREAS OF BEXAR COUNTY.**

\* \* \* \* \*

**WHEREAS**, in order to meet the needs of the San Antonio Metropolitan Health District (Metro Health) and achieve public health preparedness goals as outlined in the Texas Department of State Health Services Public Health Emergency Preparedness and Cities Readiness Initiative Grants, Metro Health seeks the appointment of Dr. Chichi Junda Woo as the Local Health Authority for the City of San Antonio and surrounding areas of Bexar County; and

**WHEREAS**, Chapter 121 of the Texas Health and Safety Code empowers a local health authority to implement control measures, which may include quarantines, isolation orders, coordination of disaster response, and controlling the spread of communicable disease outbreaks or naturally occurring epidemics affecting the public's health; and

**WHEREAS**, additionally, the appointment of Dr. Woo will provide a means for the local health authority to implement control measures in the event of a public health emergency within the City of San Antonio and surrounding areas of Bexar County without reliance on the director of the Department of State Health Services Region 8 office who must serve as the local health authority for all counties in the Region's 28-county service area, who do not have an appointed local health authority; **NOW THEREFORE:**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:**

**SECTION 1.** The Mayor of the City of San Antonio or his designee is hereby authorized to execute and submit a Certificate of Appointment of Local Health Authority to the Texas Department of State Health Services naming Dr. Chichi Junda Woo, Medical Director for the San Antonio Metropolitan Health District, as Local Health Authority for San Antonio and surrounding areas of Bexar County. A copy of said Certificate of Appointment is incorporated herein for all purposes as **Attachment I**.

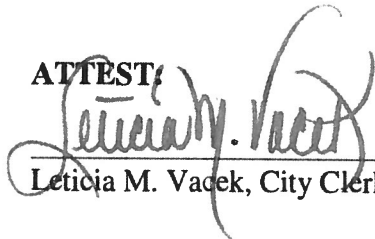
**SECTION 2.** The financial allocations in this Ordinance are subject to approval by the Director of Finance, City of San Antonio. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

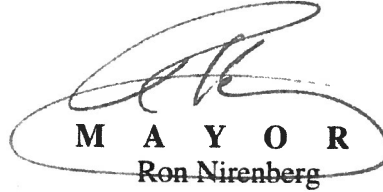
MH  
08/16/18  
Item No. 19

**SECTION 3.** This Ordinance is effective immediately upon the receipt of eight affirmative votes; otherwise, it is effective ten days after passage.


**PASSED AND APPROVED this 16th day August, 2018.**

**ATTEST:**

  
\_\_\_\_\_  
Leticia M. Vacek, City Clerk

  
**M A Y O R**  
Ron Nirenberg

**APPROVED AS TO FORM:**

  
\_\_\_\_\_  
Andrew Segovia, City Attorney

MH  
08/16/2018  
Item No. 19

# Attachment I





## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

*(Check the appropriate designation below)*

\_\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of City of San Antonio

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, Ron Nirenberg, acting in my capacity as: *(Check 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, Dr. 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 City of San Antonio and Bexar County, Texas.

Date term of office begins October 1, 2018

Date term of office ends September 30, 2020, unless removed by law.

I certify to the above information on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Appointing Official

**EXHIBIT A**

**CERTIFICATES OF**

**APPOINTMENT**



## Certificate of Appointment For a Local Health Authority

I, Bobby Rosenthal, 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 Alamo Heights, Texas.

Date term of office begins May 26, 2020

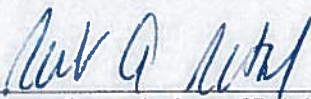
Date term of office ends May 26 2022, unless removed by law.

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

(Check the appropriate designation below)

☐ Director, \_\_\_\_\_  
☒ City Council for the City of Alamo Heights  
☐ Commissioners Court for \_\_\_\_\_ County  
☐ Board of Health for the \_\_\_\_\_ Public Health District

I certify to the above information on this the 26<sup>th</sup> day May, 2020.

  
\_\_\_\_\_  
Signature of appointing official





## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

*(Check the appropriate designation below)*

\_\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of \_\_\_\_\_ the City of Balcones Heights

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, Suzanne de Leon, acting in my capacity as:

*(Check 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, Dr. 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 \_\_\_\_\_ the City of Balcones Heights, Texas.

Date term of office begins May 18, 2020

Date term of office ends May 18, 2022, unless removed by law.

or upon notice from San Antonio that she no longer serves as the Health Authority

I certify to the above information on this the 9th day of July, 2020

  
\_\_\_\_\_  
Signature of Appointing Official



# Certificate of Appointment

for a

## Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

\_\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of CHINA GROVE

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, MARY ANN HAJEK, acting in my capacity as:

(Check 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, CHIEHI JUNDU 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 CHINA GROVE, Texas.

Date term of office begins December 17, 2019

Date term of office ends December 14, 2021, unless removed by law.

I certify to the above information on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Mary Ann Hajek Mayor  
Signature of Appointing Official





# Certificate of Appointment

for a

## Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

\_\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of Elmendorf

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, Michael Gonzales, acting in my capacity as:  
(Check 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, Dr. 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 Elmendorf, Texas.

Date term of office begins June, 2020

Date term of office ends May, 2022, unless removed by law.

I certify to the above information on this the 18 day of June, 2020

Michael Gonzales  
Signature of Appointing Official



## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

☐ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of HILL COUNTRY VILLAGE

☐ Director, \_\_\_\_\_ Health Department

☐ Director, \_\_\_\_\_ Public Health District

I, GABRIEL DURAND - HOLLI S, acting in my capacity as:

(Check 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, DR. CHICHI JUNA WOO, MD, 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 CITY OF HILL COUNTRY VILLAGE, 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 24 day of JUNE, 2020.

  
\_\_\_\_\_  
Signature of Appointing Official



# Certificate of Appointment

for a

## Health Authority

The Health Authority has been appointed and approved by the:

*(Check the appropriate designation below)*

\_\_\_\_ Commissioners Court for \_\_\_\_\_ County  
☒ Governing Body for the Municipality of Kirby  
\_\_\_\_ Director, \_\_\_\_\_ Health Department  
\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, Lisa B. Pierce, acting in my capacity as:  
*(Check 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, Dr. Chichi Junch 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 City of Kirby, Texas.

Date term of office begins May 14, 2020

Date term of office ends \_\_\_\_\_, 20\_\_\_\_, unless removed by law.

I certify to the above information on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Lisa B. Pierce  
Signature of Appointing Official





## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

☐ Commissioners Court for \_\_\_\_\_ County  
☒ Governing Body for the Municipality of LEON VALLEY, TEXAS  
\_\_\_\_\_  
Director, \_\_\_\_\_ Health Department  
\_\_\_\_\_  
Director, \_\_\_\_\_ Public Health District

I, CHRIS RILEY, acting in my capacity as:  
(Check 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, C. JORDA WOOD, M.D., MPH, 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 LEON VALLEY, 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 10<sup>th</sup> day of JUNE, 2020

Chris Riley  
Signature of Appointing Official



## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

*(Check the appropriate designation below)*

\_\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of City of Live City of Live Oak

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, MARY M. DENNIS, acting in my capacity as:

*(Check 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 LIVE OAK, Texas.

Date term of office begins 20 MAY, 20 20

Date term of office ends 19 MAY, 20 22, unless removed by law.

I certify to the above information on this the 26<sup>TH</sup> day of MAY, 2020 .

Mary M. Dennis  
Signature of Appointing Official



## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

*(Check the appropriate designation below)*

\_\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of City of Shavano Park

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, Robert Werner, acting in my capacity as:

*(Check 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

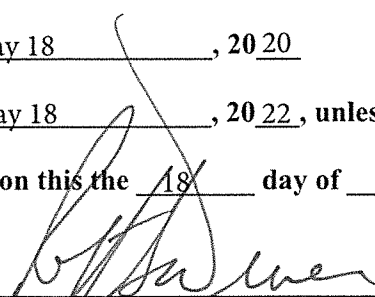
\_\_\_\_\_ Health Authority Designee

for the jurisdiction of City of Shavano Park, Texas.

Date term of office begins May 18, 2020

Date term of office ends May 18, 2022, unless removed by law.

I certify to the above information on this the 18 day of May, 2020.

  
\_\_\_\_\_  
Signature of Appointing Official



## **Certificate of Appointment**

**For a**

### **Local Health Authority**

I, William Foley, acting in the capacity as a  
(Check the appropriate designation below)

\_\_\_\_ Non-physician and the Local Health Department Director  
\_XX\_ Designee for the Mayor of Terrell Hills  
\_\_\_\_ 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 Terrell Hills, Texas.  
Date term of office begins May 26, 2020

Date term of office ends May 26 2022, unless removed by law.

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

(Check the appropriate designation below)

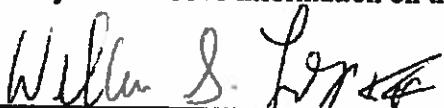
\_\_\_\_ Director, \_\_\_\_\_

\_XX\_ City Manager for the City of Terrell Hills

\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

\_\_\_\_ Board of Health for the \_\_\_\_\_ Public Health District

I certify to the above information on this the 14<sup>th</sup> day July, 2020.

  
\_\_\_\_\_  
Signature of appointing official



# Certificate of Appointment

for a

## Health Authority

The Health Authority has been appointed and approved by the:

*(Check the appropriate designation below)*

\_\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of UNIVERSAL CITY

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, JOHN WILLIAMS, acting in my capacity as:

*(Check 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 UNIVERSAL CITY, Texas.

Date term of office begins 20 MAY, 20 20

Date term of office ends 19 MAY, 20 22, unless removed by law.

I certify to the above information on this the 19<sup>TH</sup> day of MAY, 2020 .



  
Signature of Appointing Official



## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

(Check the appropriate designation below)

\_\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of Von Ormy

\_\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, Sally Martinez, acting in my capacity as:  
(Check 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, Dr. 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 City of Von Ormy and Bexar County, 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 24th day of June, 2020

Sally Martinez, Mayor of the City of Von Ormy, Texas  
Signature of Appointing Official



## Certificate of Appointment for a Health Authority

The Health Authority has been appointed and approved by the:

*(Check the appropriate designation below)*

\_\_\_\_ Commissioners Court for \_\_\_\_\_ County

☒ Governing Body for the Municipality of Windcrest

\_\_\_\_ Director, \_\_\_\_\_ Health Department

\_\_\_\_ Director, \_\_\_\_\_ Public Health District

I, Daniel J Reese, acting in my capacity as:

*(Check 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, Junda Woo, who is licensed  
by the Texas Board of Medical Examiners, was duly appointed as the (check as applicable),

☒ Health Authority

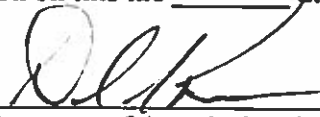
\_\_\_\_ Health Authority Designee

for the jurisdiction of Windcrest, Texas.

Date term of office begins June 1st, 20 20

Date term of office ends May 31st, 20 21, unless removed by law.

I certify to the above information on this the 11 day of June, 20 20.

  
\_\_\_\_\_  
Signature of Appointing Official