



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