



OATH OF OFFICE

For Health Authorities in the State of Texas

I, Letosha Gale-Lowe, MD, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority (HA) of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.

Letosha Gale-Lowe
Affiant*

Dr. Gale-Lowe
Preferred Name (e.g. "J. Paul Doe")

5019 Bent Tree Drive Fulshear, TX 77441
Mailing Address* ZIP*

K8624
Texas Medical License Number*

832-563-0081
Phone Number (Emergency/After Hours)*

No
Are you a deputy/backup HA?

letosha.gale-lowe@fortbendcountytexas.gov
Email Address (Official, if you have one)*

legalemd@gmail.com
Additional Email Address

SWORN TO and subscribed before me this _____ day of _____, 20__.

Signature of Person Administering Oath

Printed Name

Title

(Seal)

*=denotes required field



Certificate of Appointment

for a

Alternate Health Authority

The Alternate Health Authority has been appointed and approved by the: *(Put an "X" by the appropriate designation below)*

Commissioners Court for Fort Bend County
 Governing Body for the Municipality of _____
 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, Wesley Gale-Lowe, 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 Fort Bend County, Texas.

Date term of office begins October 31, 2025

Date term of office ends November 15, 2027 unless removed by law.

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

Signature of Appointing Official



THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Letosha Gale-Lowe, M.D. do solemnly swear (or affirm) that I have not directly or indirectly paid, offered, promised to pay, contributed, or promised to contribute any money or thing of value, or promised any public office or employment for the giving or withholding of a vote at the election at which I was elected or as a reward to secure my appointment or confirmation, whichever the case may be, so help me God.

A handwritten signature in blue ink, appearing to read "Letosha Gale-Lowe, M.D.", written over a horizontal line.

Affiant's Signature

A handwritten printed name in blue ink, "Letosha Gale-Lowe, M.D.", written over a horizontal line.

Printed Name

Local Health Authority

Position to Which Elected/Appointed

Fort Bend County

City and/or County

SWORN TO and subscribed before me by affiant on this ____ day of _____ 20__.

Signature of Person Authorized to Administer
Oaths/Affidavits

Printed Name

Title

(Seal)