

THE STATE OF TEXAS

Statement of Elected/Appointed Officer

(Please type or print legibly)

I Jean N. Galloway, MD 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.

[Handwritten Signature]
Affianced Signature

Jean N. Galloway, MD
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 8 day of February 2011.

[Handwritten Signature]

Signature of Person Authorized to Administer Oaths/Affidavits

(Seal)

Robert Hebert
Printed Name

County Judge
Title


2-7-11 copy received



OATH OF OFFICE

For Local Health Authorities in the State of Texas

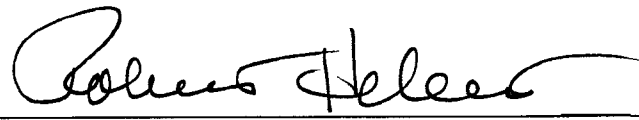
I, Jean N. Galloway, MD, do solemnly swear (or affirm), that I will faithfully execute the duties of the office of Health Authority of the State of Texas and will to the best of my ability, preserve, protect, and defend the Constitution and laws of the United States and of this State, so help me God.


Affiant

4520 Reading Road, Suite A, Rosenberg, TX 77471
Mailing Address ZIP

(281) 238-3233
(Area Code) Phone Number

SWORN TO and subscribed before me this 8th day of February, 2011.


Signature of Person Administering Oath

Robert E. Hebert
Printed Name

(Seal)

County Judge, Fort Bend County, Texas
Title

(See reverse side for instructions)



Certificate of Appointment

For a

Local Health Authority

I, Robert E. Hebert, 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, Jean N. Galloway, MD, who is licensed by the Texas Board of Medical Examiners, was duly appointed as the Local Health Authority for Fort Bend County, Texas.

Date term of office begins February 17th, 2011

Date term of office ends February 28th, 2011, 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 _____
 Commissioners Court for Fort Bend County
 Board of Health for the _____ Public Health District

I certify to the above information on this the 8th day of February, 2011.

A handwritten signature in cursive script that reads "Robert Hebert".

Signature of appointing official

(See reverse side for instructions)



Contact Information for Local Health Authority

Name of Jurisdiction (County, City, or Health District): **Fort Bend County**

Health Authority Name **Jean N. Galloway, MD**

Work Address (street, city, zip code) **4520 Reading Rd., Ste. A., Rosenberg, TX 77471**

Work Phone **281-238-3512**

Work Fax **281-238-3355**

Home Phone **713-728-5117**

Cell Phone **832-473-2455**

24/7 Phone **832-473-2455**

Email **Jean.Galloway@co.fort-bend.tx.us**

Any additional contact information **Pager: 281-434-6757**

Thank you for your commitment to a healthier Southeast Texas!