



## 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.

<u>Letosha Gale-Lowe</u>	<u>Dr. Gale-Lowe</u>
Affiant*	Preferred Name (e.g. "J. Paul Doe")
<u>5019 Bent Tree Drive Fulshear, TX 77441</u>	<u>K8624</u>
Mailing Address*	ZIP* Texas Medical License Number*
<u>832-563-0081</u>	<u>No</u>
Phone Number (Emergency/After Hours)*	Are you a deputy/backup HA?
<u>letosha.gale-lowe@fortbendcountytexas.gov</u>	<u>legalemd@gmail.com</u>
Email Address (Official, if you have one)*	Additional Email Address

SWORN TO and subscribed before me this 23 day of October, 2025.

KP George  
Signature of Person Administering Oath

KP George  
Printed Name

Fort Bend County Judge  
Title

(Seal)

\*=denotes required field

Revised by DSHS Division for Regional and Local Health Operations, October 29, 2021



# 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, KP George, 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 23 day of October, 2025

KP George  
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".

\_\_\_\_\_  
Affiant's Signature

Letosha Gale-Lowe, M.D.

\_\_\_\_\_  
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 23 day of October 2025.

A handwritten signature in black ink, appearing to read "KP George".

\_\_\_\_\_  
Signature of Person Authorized to Administer  
Oaths/Affidavits

KP George

\_\_\_\_\_  
Printed Name

Fort Bend County Judge

\_\_\_\_\_  
Title

(Seal)