

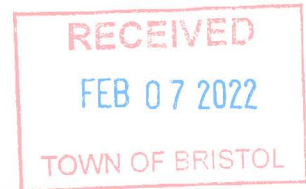
**Department of Health**  
Environmental Health  
108 Cherry Street – PO Box 70  
Burlington, VT 05402-0070  
**HealthVermont.gov**

[phone] 802-863-7220  
[fax] 802-863-7483  
[toll free] 800-439-8550

*Agency of Human Services*

February 1, 2022

Chair of the Selectboard  
Town of Bristol  
Town Clerk's Office  
PO Box 249  
Bristol, VT 05443



Dear Sir or Madam:

I am writing to you regarding your Deputy Health Officer's term of office, which, will expire on 3/31/2022. We would like to have a recommendation from the Selectboard for a Deputy Health Officer to serve for the next three years. The law provides that the Department of Health appoint a Health Officer upon recommendation of the Selectboard. Thus, we urge you to give this matter your immediate attention.

The Department of Health believes that you should recommend someone who is interested in responding to and resolving **issues associated with rental housing, water/septic, mold and other public health issues** that often arise or are disputed between different parties.

Electronically fillable versions of the Town Health Officer Recommendation and Oath Forms can be found on the Vermont Department of Health's Town Health Officer webpage ([healthvermont.gov/tho](http://healthvermont.gov/tho)), or you may use the enclosed forms.

If you designate a new individual to be appointed to this position, please ensure that the recommended individual takes the enclosed oath/affirmation in the presence of a person authorized to administer oaths/affirmations. This must be returned to the Health Department in tandem with the recommendation form. We will be unable to process the appointment of the new Health Officer until we are in possession of the completed oath.

If you have any questions please contact me at 800-439-8550.

Sincerely,

Meg McCarthy  
Compliance and Enforcement Advisor  
Environmental Health Division  
Vermont Department of Health

Enclosures (2)





**FOR OFFICE USE ONLY**

Beginning Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_  
Resignation Date: \_\_\_\_\_  
Entered: \_\_\_\_\_

## Deputy Town Health Officer Recommendation Form

This is a:  New Appointment  Re-appointment

Is a resignation letter needed from previous Health Officer?  Yes  No

Start Date: \_\_\_\_\_ Town/Municipality: \_\_\_\_\_

County: \_\_\_\_\_ Full Name: \_\_\_\_\_

Home Delivery Address: \_\_\_\_\_  
(DO NOT USE the Town Clerk Office or a Business for your Home Address)

Street Address for UPS Deliveries: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone(s): W: \_\_\_\_\_ H: \_\_\_\_\_ Cell: \_\_\_\_\_

Education: High School \_\_\_\_\_ College \_\_\_\_\_ Other (list) \_\_\_\_\_

Professional Degree: \_\_\_\_\_ (e.g. MD, RN, DVM, DDS) Occupation: \_\_\_\_\_

Please give a brief statement noting why the select board believes the recommended individual will make a good Health Officer:

Signed: \_\_\_\_\_  
Chair of the Local Board of Health Board Meeting Date

Print Name: \_\_\_\_\_

**Return completed recommendation form to:**  
VT Department of Health / Environmental Health  
108 Cherry Street • PO Box 70  
Burlington, VT 05402



## Town Health Officer Oath / Affirmation

In taking actions as a Local Health Officer under the authority of 18 VSA Chapters 3 and 11, I do solemnly swear/affirm that I will be true and faithful to the State of Vermont, and that I will not, directly or indirectly, do any act or thing injurious to the Constitution or Government thereof, so help me God (oath)/under the pains and penalties of perjury (affirmation).

I do solemnly swear/affirm that I will faithfully execute the office of Local Health Officer for the municipality named below and therein do equal right and justice to all persons, to the best of my judgment and ability, according to law, so help me God (oath)/under the pains of penalties of perjury (affirmation).

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(Signature)

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(Name Printed)

Local Health Officer for the Municipality of

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Date