VERMONT
DEPARTMENT OF HEALTH

FOR OFFICE USE ONLY
Beginning Date: _____
Expiration Date: _____
Resignation Date: _____
Entered: _____

Please complete for the following recommendations:
(please check one)

❑ HEALTH OFFICER *or* ❑ DEPUTY HEALTH OFFICER

Town/Municipality: _____ County: _____

Full Name: _____

Mailing Address: _____

Delivery Address (if different than above for UPS deliveries - i.e. water bottles, etc.):

_____

Telephone Numbers: Work: _____ Home: _____

Email address: _____ Fax: _____

Education: High School ____ College ____ Other _____ Professional Degree: _____(MD, RN, DVM, MS, DDS, BS)

Occupation: _____

(Optional Information: Male _____ Female _____ Date of Birth _____)

The nominee listed above is a: (please check one)

❑ NEW APPOINTMENT *or* ❑ RE-APPOINTMENT

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

_____

_____

Signed:

_____ _____
Chair of the Selectboard Date

Please return completed recommendation form to:
Town Health Officer Program
VDH / Environmental Health
108 Cherry Street
PO Box 70
Burlington, VT 05401

updated 9.15.08