

TEXAS COMMISSION ON LAW ENFORCEMENT OFFICER STANDARDS AND EDUCATION

6330 E. Highway 290, STE. 200
 Austin, Texas 78723-1035
 Phone: (512) 936-7700
<http://www.tcleose.state.tx.us>

LICENSEE MEDICAL CONDITION DECLARATION (L-2)
Commission Rule §215.15 (c), 217.1(a)(11), 217.7(e)

INDIVIDUAL INFORMATION

1. TCLEOSE PID or SSN	2. Last Name.	3. First Name	4. M.I.	5. Suffix (Jr., etc.)
6. Home Mailing Address		7. City	8. State	9. Zip Code

Is this exam for a student enrolling in an academy? Yes No

If yes, check one Peace Officer County Corrections

APPOINTMENT(Do not check if student)

10. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Public Security Officer

DEPARTMENT / ACADEMY INFORMATION

11. TCLEOSE Number	12. Appointing Agency or Academy	13. Mailing Address		
14. City	15. County	16. Zip Code	17. Phone Number	

Attention Examining Professional: The above information must be completed by the requesting agency prior to the examining professional completing and signing this form.

NEW APPLICANTS MUST COMPLETE BOTH EXAMS

LICENSEE(S) OFFICER(S) WITH MORE THAN A 180 DAY BREAK IN SERVICE NEED(S) DRUG SCREEN ONLY

I certify that I have completed my examination of the examinee and I have concluded that on this date, the examinee is found:

Check the appropriate box(s)

- PHYSICAL EXAM** - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought.
- DRUG SCREEN** - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.

 Physician's Name (type or print) State License Number

 Mailing Address Street City State Zip

 Phone Number Date of Examination(s)

 Physician's Signature Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN.