

TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200

Austin, Texas 78723-1035

Phone: (512) 936-7700

<http://www.tcole.texas.gov>

LICENSEE MEDICAL CONDITION DECLARATION (L-2)

Commission Rule §215.15(c)(1), 217.1(a)(11), 217.7(e)(4)

INDIVIDUAL INFORMATION

1. TCOLE PID	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
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DEPARTMENT / ACADEMY INFORMATION

11. TCOLE Number 511339	12. Appointing Agency or Academy Navarro College Police Academy	13. Mailing Address 3200 W. 7th Avenue		
14. City Corsicana	15. County Navarro	16. Zip Code 75110	17. Phone Number 903.875.7560	

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

Physician's Assistant

Nurse Practitioner

Name (type or print)

State License Number (not required for nurse practitioner)

Mailing Address

Street

City

State

Zip

Phone Number

Date of Examination(s)

Signature

Date

THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED. MUST BE SIGNED BY A **LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID.**