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 §217.23, 217.1, 217.7

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 ☐ Telecommunicator (drug screen only)

APPOINTMENT(Do not check if student)

10. ☐ Peace Officer ☐ Reserve Officer ☐ County Jailer ☐ Telecommunicator

DEPARTMENT / ACADEMY INFORMATION

11. TCOLE Number	12. Appointing Agency or Academy	13. Mailing Address
511339	Navarro College Police Academy	3200 W. 7th Avenue

14. City	15. County	16. Zip Code	17 Phone Number
Corsicana	Navarro	75110	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 peace officer and county corrections need both exams. Telecommunicators only need drug screen.

LICENSEES WITH MORE THAN A 180 DAY BREAK IN SERVICE NEED DRUG SCREEN ONLY

Check the appropriate box(s)

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

☐ **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) Physicians State License No. (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THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED.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**.