



TEXAS COMMISSION ON LAW ENFORCEMENT
OFFICER STANDARDS AND EDUCATION

6330 U.S. Highway 290 East, Suite 200
Austin, Texas 78723
Phone: (512) 936-7700

<http://www.tcleose.state.tx.us>



L-2
DECLARATION OF MEDICAL CONDITION
Commission Rule §217.1(a)(11)

APPLICANT INFORMATION

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

APPOINTMENT AND DEPARTMENT INFORMATION

10. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> Temp/County Jailer <input type="checkbox"/> Public Security Officer				
11. TCLEOSE Agency Number		12. Appointing Agency		13. Agency 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.

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

**NEW APPLICANTS MUST COMPLETE BOTH EXAMS
180 DAY BREAK IN SERVICE NEEDS DRUG SCREEN ONLY**

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: _____
Printed Name State License Number

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**THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED,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