

**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 §217.1, 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

**APPOINTMENT (Do not check if student is in an academy)**

10. <input type="checkbox"/> Initial Appointment, Never Licensed <input type="checkbox"/> License holder with more than a 180 day break in service	
11. <input type="checkbox"/> Peace Officer <input type="checkbox"/> Reserve Officer <input type="checkbox"/> County Jailer <input type="checkbox"/> Telecommunicator	

**DEPARTMENT / ACADEMY INFORMATION**

An agency hiring a person for whom a license is sought shall select the examining physician. The hiring agency shall maintain a copy of the report on file in a format readily accessible to the commission.

12. TCOLE Number	13. Appointing Agency or Academy
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**Attention Examining Professional:** The above information must be completed by the requesting agency prior to the examining professional completing and signing the L-2 form.

**INITIAL APPOINTMENTS:** Peace Officer (both exams), County Jailer (both exams), Telecommunicator (drug screen only).

**MORE THAN 180 day break in service:** Peace Officer, County Jailer, and Telecommunicator: Drug Screen ONLY.

I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:	
<input type="checkbox"/> <b>MEDICAL EXAM</b> - To be physically sound and free from any defect which may adversely affect the performance of duty appropriate to the type of license sought.	
<input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner (State License # not required)	

14. Name (type or print)	15. License No		
16. Street Address			
17. City	18. State	19. Zip Code	20. Phone Number
21. Date of Examination	22. Signature		23. Date

I certify that I have completed my examination of the examinee, on this date and determine the examinee is found:	
<input type="checkbox"/> <b>DRUG SCREEN</b> - To show no trace of drug dependency or illegal drug use after a physical examination, blood test or other medical test.	
<input type="checkbox"/> Physician <input type="checkbox"/> Physician's Assistant <input type="checkbox"/> Nurse Practitioner (State License # not required) <input type="checkbox"/> DoT Provider	

24. Name (type or print)	25. License No		
26. Street Address			
27. City	28. State	29. Zip Code	30. Phone Number
31. Date of Examination	32. Signature		33. Date

**THIS DECLARATION IS NOT PUBLIC INFORMATION PER TEXAS OCCUPATIONS CODE 1701.306. VALID FOR 180 DAYS FROM GRADUATION DATE OF ACADEMY, IF ACCEPTED BY APPOINTING AGENCY OR VALID FOR 180 DAYS FROM DATE SIGNED UNLESS WITHDRAWN OR INVALIDATED. MUST BE SIGNED BY A LICENSED PHYSICIAN, NURSE PRACTITIONER, or PHYSICIANS ASSISTANT WITH A VALID PHYSICIANS ID, or in the case of a DoT drug screen only, authorized DoT personnel.**