



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 checked="" 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 511339 | | 12. Appointing Agency NAVARRO COLLEGE | | 13. Agency Mailing Address 3200 WEST SEVENTH AVE |
| 14. City CORSICANA | | 15. County NAVARRO | | 16. Zip Code 75110 |
| 17. Phone Number 903-874-5018 | | | | |

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THIS DECLARATION IS NOT PUBLIC INFORMATION AND IS VALID UNLESS WITHDRAWN OR INVALIDATED, AND IS VALID ONLY IF SIGNED BY A LICENSED PHYSICIAN.