

## TEXAS COMMISSION ON LAW ENFORCEMENT

6330 E. Highway 290, STE. 200  
Austin, Texas 78723-1035  
Phone: (512) 936-7700  
<https://www.tcole.texas.gov>

### LICENSEE MEDICAL CONDITION DECLARATION (L-2)

Occupations Code § 1701.306; Commission Rules §§ 217.1, 217.7

#### INDIVIDUAL INFORMATION (TO BE COMPLETED BY ACADEMY OR AGENCY)

1. TCOLE PID	2. INDIVIDUAL LAST NAME	3. INDIVIDUAL FIRST NAME	4. M.I.	5. SUFFIX (Jr., etc.)
6. HOME MAILING ADDRESS		7. CITY	8. STATE	9. ZIP CODE
10. EMAIL				
11. LICENSE TYPE SOUGHT (FOR STUDENT SEEKING ENROLLMENT IN ACADEMY – DO NOT CHECK IF SEEKING APPOINTMENT)				
<input type="checkbox"/> PEACE OFFICER		<input type="checkbox"/> COUNTY JAILER	<input type="checkbox"/> TELECOMMUNICATOR (DRUG SCREEN ONLY)	
12. APPOINTMENT TYPE(S) SOUGHT (FOR LICENSEE SEEKING APPOINTMENT WITH AGENCY – DO NOT CHECK IF SEEKING ENROLLMENT)				
<input type="checkbox"/> PEACE OFFICER		<input type="checkbox"/> RESERVE OFFICER	<input type="checkbox"/> COUNTY JAILER	<input type="checkbox"/> PUBLIC SECURITY OFFICER
<input type="checkbox"/> TELECOMMUNICATOR (DRUG SCREEN ONLY)				
13. EXAMINATION REQUESTED				
<input type="checkbox"/> MEDICAL EXAMINATION AND DRUG SCREEN (For academy enrollment, initial appointment after 180 days from academy graduation, withdrawn or invalidated L-2, or appointment upon agency request)			<input type="checkbox"/> DRUG SCREEN ONLY (For subsequent appointments after a 180-day break in service or Telecommunicators)	

#### ACADEMY OR AGENCY INFORMATION (TO BE COMPLETED BY ACADEMY OR AGENCY)

14. TCOLE NUMBER	15. ACADEMY OR AGENCY NAME	16. EMAIL		
17. MAILING ADDRESS		18. CITY	19. STATE	20. ZIP CODE
21. PHONE NUMBER				

#### INDIVIDUAL ACKNOWLEDGEMENT AND RELEASE (TO BE COMPLETED BY INDIVIDUAL)

22. I hereby authorize the release of the results of this medical examination, drug screen, or both, and any other relevant information to the above requesting academy or law enforcement agency and the Texas Commission on Law Enforcement.		
INDIVIDUAL NAME (TYPE OR PRINT)	INDIVIDUAL SIGNATURE	DATE

**Attention Requesting Academy or Agency and Examining Practitioner:** State Law and Commission Rules require that a medical examination and drug screen be performed by a physician licensed in Texas. TCOLE policy allows a physician's assistant or a nurse practitioner licensed in Texas and working under the supervision of a physician licensed in Texas to perform the medical examination and drug screen. TCOLE policy allows a Department of Transportation (DoT) Provider to perform the drug screen.

**Requesting Academy or Agency:** After the above sections are completed, submit this form by mail or email to the practitioner selected by the academy or agency to perform the medical examination, drug screen, or both. For a medical examination, also submit a description of job duties for the license or appointment sought to the practitioner.

**Examining Practitioner:** The medical examination process must consist of a review of the description of job duties for the license or appointment sought. Given the nature of law enforcement and the potential consequences to the agency, the individual, and the public, the purpose of the medical examination and drug screen is to determine whether the individual is physically sound and free from any defect which may adversely affect the performance of duties appropriate to the type of license or appointment sought and whether the individual shows traces of drug dependency or illegal drug use.

#### MEDICAL EXAMINATION (TO BE COMPLETED BY PRACTITIONER)

23. Practitioner License Type				
<input type="checkbox"/> PHYSICIAN		<input type="checkbox"/> PHYSICIAN'S ASSISTANT		<input type="checkbox"/> NURSE PRACTITIONER
24. PRACTITIONER LAST NAME	25. PRACTITIONER FIRST NAME	26. LICENSE NUMBER	27. EMAIL	
28. MAILING ADDRESS		29. CITY	30. STATE	31. ZIP CODE
32. PHONE NUMBER				

33. DESCRIPTION OF TESTS PERFORMED AND CONCLUSIONS, INCLUDING ANY EXISTING CONDITIONS OR RESTRICTIONS (ATTACH ADDITIONAL PAGES AS NEEDED)		
34. DATE MEDICAL EXAMINATION PERFORMED:		
35. I certify that I have completed a medical examination of the above-named individual. I have concluded that the individual:		
<input type="checkbox"/> <b>IS</b> physically sound and free from any defect which may adversely affect the performance of duties appropriate to the type of license or appointment sought.	<input type="checkbox"/> <b>IS NOT</b> physically sound and free from any defect which may adversely affect the performance of duties appropriate to the type of license or appointment sought.	
PRACTITIONER NAME (TYPE OR PRINT)	PRACTITIONER SIGNATURE	DATE
<b>STATE LAW AND COMMISSION RULES REQUIRE THAT A MEDICAL EXAMINATION BE PERFORMED BY A PHYSICIAN LICENSED IN TEXAS. TCOLE POLICY ALLOWS A PHYSICIAN'S ASSISTANT OR A NURSE PRACTITIONER LICENSED IN TEXAS AND WORKING UNDER THE SUPERVISION OF A PHYSICIAN LICENSED IN TEXAS TO PERFORM THE MEDICAL EXAMINATION. THIS FORM IS ONLY VALID IF SIGNED BY THE APPROPRIATE PRACTITIONER.</b>		

### DRUG SCREEN (TO BE COMPLETED BY PRACTITIONER)

36. Practitioner Type				
<input type="checkbox"/> PHYSICIAN	<input type="checkbox"/> PHYSICIAN'S ASSISTANT	<input type="checkbox"/> NURSE PRACTITIONER	<input type="checkbox"/> DOT PROVIDER	
37. PRACTITIONER LAST NAME	38. PRACTITIONER FIRST NAME	39. LICENSE NUMBER	40. EMAIL	
41. MAILING ADDRESS	42. CITY	43. STATE	44. ZIP CODE	45. PHONE NUMBER
46. DATE DRUG SCREEN PERFORMED:				
47. I certify that I have completed a drug screen of the above-named individual. I have concluded after a blood test or other medical test that the individual:				
<input type="checkbox"/> shows no trace of drug dependency or illegal drug use.		<input type="checkbox"/> shows traces of drug dependency or illegal drug use.		
PRACTITIONER NAME (TYPE OR PRINT)	PRACTITIONER SIGNATURE	DATE		
<b>STATE LAW AND COMMISSION RULES REQUIRE THAT A DRUG SCREEN BE PERFORMED BY A PHYSICIAN LICENSED IN TEXAS. TCOLE POLICY ALLOWS A PHYSICIAN'S ASSISTANT OR A NURSE PRACTITIONER LICENSED IN TEXAS AND WORKING UNDER THE SUPERVISION OF A PHYSICIAN LICENSED IN TEXAS TO PERFORM THE DRUG SCREEN, AS WELL AS A DOT PROVIDER. THIS FORM IS ONLY VALID IF SIGNED BY THE APPROPRIATE PRACTITIONER.</b>				

**Examining Practitioner:** After completing the above requested examination sections, return this form and any additional documents by mail or email to the requesting academy or law enforcement agency. If the individual is determined to not be physically sound or free from any defect which may adversely affect the performance of duties or shows traces of drug dependency or illegal drug use, please submit this form to TCOLE at [fitforduty@tcole.texas.gov](mailto:fitforduty@tcole.texas.gov).

**Requesting Academy or Agency:** If the individual is determined to not be physically sound or free from any defect which may adversely affect the performance of duties or shows traces of drug dependency or illegal drug use, submit this form to TCOLE at [fitforduty@tcole.texas.gov](mailto:fitforduty@tcole.texas.gov) within 30 days of the examination.

This L-2 Form remains valid for 180 days from the individual's graduation date from the academy, if accepted by the appointing agency, or is valid for 180 days from the date signed by the practitioner, unless withdrawn or invalidated.

THIS DOCUMENT IS CONFIDENTIAL AND NOT SUBJECT TO DISCLOSURE  
UNDER THE PUBLIC INFORMATION ACT, GOVERNMENT CODE CHAPTER 552.