



MEDICAL ADVISORY BOARD FOR DRIVER LICENSING

Texas Department of State Health Services

P.O. Box 149347

Austin, TX 78714

LAW ENFORCEMENT MEDICAL EVALUATION REQUEST

Print Name of Driver, Last Name, First Name, MI: _____

Driver License Number: _____ or Social Security Number: _____

Address of Driver*: _____

*List driver's current mailing address even if different from address printed on license.

Date of Birth: Month: _____ Day: _____ Year: 19_____

Explain specific limitations to driving for this patient:

REMARKS:

Signature and Number of Officer

Print Last Name, First Name, MI

Agency

Date

This form may be copied

Documentation can be forwarded using one of the methods,
below:

Texas Department of Public Safety
Enforcement and Compliance Services
P.O. Box 4087
Austin, Texas 78773-0320

Fax: 512-424-5311

or

Texas Department of State Health Services
Medical Advisory Board (MC 1876)
P.O. Box 149347
Austin, Texas 78714-9347