



MEDICAL ADVISORY BOARD FOR DRIVER LICENSING

Texas Department of State Health Services

P.O. Box 149347

Austin, TX 78714-9347

(512) 834-6700 - FAX (512)834-4501

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

<https://www.dshs.texas.gov/medical-advisory-board/>

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