PHYSICIAN'S STATEMENT

(Please type or print)

Texas Transportation Code §521.125 allows the Texas Department of Public Safety to include on an individual's driver license or identification card <u>any health condition that may impede the individual's communication with a peace officer</u>.* The health condition must be evidenced by this signed statement from a licensed physician. By providing this information, the phrase "communication impediment" will be printed on the reverse side of the driver license or identification card.

Patient's Full Name: _____

Patient's Date of Birth: _____/_____/_____

Patient's DL/ID#: _____

Physician: _____

Physician's Address: _____

Physician's Office Telephone No.: _____

Medical License No.: _____ **State:** _____

Health Condition: _____

Patient's Signature: _____

Date: _____/_____/_____

Physician's Signature: _____

Date: _____/_____/_____

** This form is a confidential driver record per Chapter 730 of the Texas Transportation Code.*

NOTE: All other health conditions may be noted by the customer on the reverse side of the DL or ID by marking the directive to physician and writing the phone number for the physician.