

MEDICAL EXAMINATION / DRUG SCREEN COMPLIANCE VERIFICATION DOCUMENT  
(ATTACH THIS FORM TO THE L-2 DOCUMENT)

TCOLE Rule 217.1(b)(11)

By signature below, I attest that I am a [ ] Texas-licensed physician; a [ ] Texas-licensed physician assistant, or a [ ] Texas-licensed nurse practitioner, and I certify that prior to the examination of

(Name): \_\_\_\_\_ that I was provided and reviewed a copy of the applicant's job description or similar applicable document describing the position sought and a copy of any applicable exercise and health risk questionnaire or documentation.

I also attest that I reviewed the result of all applicable lab reports prior to signing the L-2 drug screen.

Examiner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Examiner Printed Name: \_\_\_\_\_ State License #: \_\_\_\_\_