PHYSICIAN'S STATEMENT

(Please type or print)

Texas Transportation Code §521.142(h) allows the Texas Department of Public Safety to include on an individual's driver license or identification card any health condition that may impede the individual's communication with a peace officer.

The health condition must be evidenced by this signed statement from a licensed physician. By providing this information, the phrase "Communication Impediment or Deaf or Hard of Hearing" will be printed on the driver license (DL) or identification card (ID).

The communication impediment form is to be filled out by both the Patient and the Physician. This form must be completed and returned by the applicant to the Texas Department of Public Safety before the indicator is added to the DL or ID.

Communication Impediment Indicator

This group needs more time to respond to a police officer. Examples of the conditions include:

- Autism (including Asperger Syndrome)
- Mild Intellectual Disability
- Down Syndrome
- Parkinson's Disease
- Speech and Language Disorders (mutism, stuttering, speech delay Aphasia and Spasmodic Dysphonia)
- Post-Traumatic Stress Disorder
- Brain Injury
- Cerebral Palsy

Deaf or Hard Of Hearing Indicators

This group uses a different language to communicate. Examples of the conditions include:

- Deaf
- Hard of Hearing

This form is a confidential driver record document 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.

PHYSICIAN'S STATEMENT

Patient Information

First Name:______________________________

Last Name:______________________________

Middle Name:______________________________

DL/ID Number:______________________________

Patient's Signature:______________________________

Date:______________________________

Physician Information (To Be Completed By A Physician)

First Name:______________________________

Last Name:______________________________

Office Address:______________________________

Office Telephone Number:______________________________

Medical License Number:______________________________

State:______________________________

Patient's Medical Condition:______________________________

Physician's Signature:______________________________

Date:______________________________

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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.