



**TRAFFIC SAFETY DIVISION
HEALTH CERTIFICATE FORM
DRIVER EDUCATION**

Name of Individual: _____

D.O.B. _____

For Classroom Instruction

This person is applying for certification as a driver education instructor in the State of New Mexico. The administrative rules governing this industry require that applicants submit a copy of the applicant's health certificate signed by a physician and dated no earlier than sixty (60) days before the date the application is filed with the bureau *stating that the applicant is free from all communicable diseases.*

Physician signature

Date

For Behind-The-Wheel Instruction

If the applicant will provide behind-the-wheel training, the health certificate must also state that the applicant is *free of any ailment, disease, or physical defect that causes momentary or prolonged lapses of consciousness or control, which is or may become chronic, and that the applicant is not suffering from a physical or mental disability or disease that prevents reasonable and ordinary control over a motor vehicle or that could impair the applicant's ability to drive safely or instruct student drivers.*

Physician signature

Date

By my signature(s) I attest that I have either physically examined the above named individual or have personally examined their medical history.

Medical License Number: _____

Physician's Name: _____

Practicing Facility: _____

Mailing Address: _____

Contact Phone Number: _____

Physician: A health care professional who has earned a Doctor of Medicine (M.D.), Doctor of Osteopathic Medicine (D.O.), or an equivalent medical degree, possesses clinical experience, and is licensed to practice medicine.