



TRAFFIC SAFETY DIVISION
HEALTH CERTIFICATE FORM
DRIVER SAFETY

Name of Individual: _____

D.O.B. _____

For Classroom Instruction

This person is applying for certification as a driver's safety 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

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.