

INSTRUCTIONS FOR PHYSICIAN:

Patient Name: _____

D.O.B. _____

This person is applying for certification as a DWI Facilitator 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 any chronic communicable diseases.*

By my signature below I confirm that the above referenced patient is free from all chronic communicable diseases.

Physician signature

Date

Physician's Name _____

Mailing Address _____

Contact Phone Number _____

Thank you.