



**TRAFFIC SAFETY DIVISION  
HEALTH CERTIFICATE FORM**

**DRIVER SAFETY**

**INSTRUCTIONS FOR PHYSICIAN:**

Name: \_\_\_\_\_

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

Physician's Name \_\_\_\_\_

Practicing Facility \_\_\_\_\_

Mailing Address \_\_\_\_\_

Contact Phone Number \_\_\_\_\_

Thank you.