



A guide to filling in your DIAB1 medical form

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Introduction

These notes are to help you fill in the DIAB1 medical form:

- use black ink to fill in the form
- only write in the white boxed areas, and
- print in block capital letters.

You might not have to fill in all the questions in Parts A, B and C. This guide will explain what you need to fill in. Parts A, B and C refer to standard forms used in all DVLA medical investigations.

In Part D, questions 1, 2 and 3 must be answered. If you don't we will have to return the medical form to you and this will delay your case. If you don't know the answers you should discuss the form with your GP or specialist nurse.



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Part A: About you

- Print your title, surname, first name(s) and your date of birth in capital letters. Include your full address and use one box for each letter/number of your postcode.
- We use your driver number to access your driving licence record. This is the sixteen-character number shown on your driving licence, and starts with the first 5 letters of your surname (or your surname and numbers if your surname has less than 5 letters).
(If you do not have your driving licence because you have already returned it or it has not been issued yet you do not have to fill in this question.)
- Include your home and mobile phone number (if applicable) and your email address if you have one. This information will help us to contact you quickly if we need to.



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Part B: About your GP and your consultant

- Give the name of your GP, the surgery address and phone number. If you also see a consultant for your diabetes care, you need to give us their name, the hospital name, address and phone number.
- If you see more than one consultant for your diabetes care please give their name and address on a separate sheet.
- Tell us the date you last saw your GP or your consultant about your diabetes. If you do not see your GP about your diabetes this question does not apply so please answer 'N/A'.
- You may give the email address for your GP and consultant if you have it, but it is not essential for our enquiries.
- Give your hospital number if you know what it is, it will be helpful if we need to write to your consultant.



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Part C: About other clinics you are attending

- Give the name of any other clinics you attend for reasons other than diabetes.
- If you have listed another clinic, please explain why you attend and when they last saw you (approximately). This helps DVLA deal correctly with your case.
- If we need you to have a medical examination or practical assessment, we will pay for these, but not for your travel or other expenses.



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Part D: About your diabetes

Section 1: About your diabetes

This section is about your diabetes and the risk of severe low blood sugar (hypoglycemia).

Q1a

Tell us how your diabetes is treated by ticking the relevant box(es).

- If your diabetes is controlled by tablets only and you have received a DIAB1 medical form from DVLA you must fill in the form and return it.
- If your diabetes is treated by diet alone and you have received a DIAB1 medical form from the DVLA you do not need to fill in section 1.
- However, if you have had laser treatment in both eyes, (or in the remaining eye if you only have one eye), for any diabetic eye disease or another eye condition (please do not include corrective surgery for short sightedness) you will need to fill in section 3.
- If you have not had laser treatment you must still return the DIAB1 medical form to us (use the envelope provided) with a covering letter explaining that your diabetes is controlled by diet alone. We will be able to update your record.

Q1b

Fill in the date box with an approximate date you started your insulin treatment.

Declaration Box:

- If you have insulin treatment, you **must** sign and date the declaration. This will confirm that you understand that you must test your blood glucose/sugar when you drive.
- The DVLA medical panel have defined this as the need to test no more than 2 hours before the start of the 1st journey and every 2 hours while driving. More frequent testing may be required if for any reason there is a greater risk of hypoglycaemia for example after physical activity or altered meal routine.
- If you make multiple short trips you do not have to test before each journey as long as you test every 2 hours while driving.
- Please note you **must** sign the declaration otherwise we cannot progress your application.



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Q2a

Tick the person you see regularly for your diabetes care (the care you need to manage your blood glucose/sugar and your diabetes medication). You may tick more than one box.

Q2b

Tick **yes** or **no**.

Tick **yes** if you have been seen within the last 12 months by any of the people in question 2a (do not include attendance at eye or podiatry/chiropractic clinics, for example for your annual checks). Also give the date of your last diabetic clinic appointment.

Q3a

Tick **yes** or **no**.

- Low blood sugar (hypoglycaemia) is the medical term for a low blood glucose/sugar level: that is a blood glucose level of less than 4 mmol/l, it is also referred to as 'hypo'. Symptoms of low blood sugar (hypoglycaemia) should be present at blood glucose levels below 3 mmol/l.

- Early symptoms of low blood sugar (hypoglycaemia) include: sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety, tingling lips.

Q3b

Tick **yes** or **no**.

If you tick **no** to this question, it means you have **not** had an episode of low blood sugar (hypoglycaemia) and you do not need to answer questions 3c, 3d, 3e and 3f. Go straight to **Section 2: special controls** on the DIAB1.

If you tick **yes** to this question, this means you have had an episode of low blood sugar (hypoglycaemia), and you must answer questions 3c, 3d, 3e and 3f.



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Q3c

Tick **yes** or **no**.

We need to know if you have had more than one episode of **severe** low blood sugar (hypoglycaemia) in the last 12 months.

- You should only count episodes where you have **needed another person to help you**.
- You do not need to count episodes where you had help but could have treated yourself. Needing assistance would include:
 - admission to Accident and Emergency
 - treatment from paramedics, or
 - assistance from a partner/friend who has to administer glucagon or glucose because you cannot do so yourself.

Q3d

If you tick **yes** to question 3c you must fill in the date boxes. This will give us a better idea of when we may be able to accept an application.

Q3e

Tick **yes** or **no**.

- Low blood sugar (hypoglycaemia) is the medical term for a low blood glucose/sugar level: that is a blood glucose level of less than 4 mmol/l, it is also referred to as 'hypo'. Symptoms of low blood sugar (hypoglycaemia) should be present at blood glucose levels below 3 mmol/l.
- Early symptoms of low blood sugar (hypoglycaemia) include: sweating, shakiness or trembling, feeling hungry, fast pulse or palpitations, anxiety, tingling lips.
- If you do not treat these, you may get more severe symptoms such as slurred speech, difficulty concentrating, disorderly or irrational behaviour.
If left untreated you may lose consciousness.

Q3f

If you tick **yes** to question 3e you must answer **yes** or **no** to this question.



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Section 2: Special controls

Q1

Tick **yes** or **no**.

- If you tick **no** to this question you do not need to answer questions 2 and 3, go straight to **Section 3 eyesight**.
- You should only tick **yes** if there are medical reasons why you **need** automatic transmission or special controls to control your vehicle safely at all times.

You can get advice on special controls from the website

[gov.uk/browse/driving/disability-health-condition](https://www.gov.uk/browse/driving/disability-health-condition) or the independent organisation [mobility-centres.org.uk](https://www.mobility-centres.org.uk) on 0800 559 3636.

- If you hold a provisional driving licence or are applying for a provisional licence, you will only need to tick **yes** or **no** to question 1, you do not need to answer questions 2 and 3. If you need automatic transmission or special controls, the codes will be updated when you pass your driving test.

Q2

Tick **yes** or **no**.

- You should only tick **no** to this question if you have not told us before that you need special controls or automatic transmission for medical reasons, to control your vehicle safely.
- Only tick **yes** to this question if you have told us before that you needed special controls or automatic transmission for medical reasons. If you answered **yes** to question 2 you must answer **yes** or **no** to question 3.

Q3

Tick **yes** or **no**.

- Only tick **no** if you have told us before that you needed special controls or automatic transmission, and since your last licence was issued you have **not** had any additional controls fitted to your vehicle for medical reasons.
- Only tick **yes** to this question if you have told us before that you needed special controls or automatic transmission and **have** had additional controls fitted to your vehicle since your last licence was issued.



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Section 3: Your eyesight

Q1a

Tick **yes** or **no**.

- You must be able to read a car number plate (with glasses or contact lenses if necessary) made after 1 September 2001 from 20 metres.

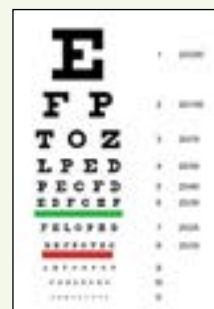
An example of the number plate format is below:



Q1b

Tick **yes** or **no**.

- You must also meet the minimum eyesight standard for driving by having a visual acuity of at least decimal 0.5 (6/12) measured on the Snellen scale (with glasses or contact lenses if necessary) using both eyes together (or, if you have sight in one eye only, in that eye).



- Visual acuity is the term used by opticians and doctors to measure your eyesight. You should **only** answer **yes** to this question if you have been told by an optician or doctor that your eyesight currently does not meet the minimum standard for driving. **If you are in any doubt, you should discuss with your optician or doctor.**

The police have the power to require you take the number plate test. If you cannot read the number plate, your licence may be revoked and you could be prosecuted.

Q2

Tick **yes** or **no**.

- If you tick **yes**, we will add the code 01 to your licence to confirm that you need glasses or contact lenses to drive.
- You **must always** wear your glasses or contact lenses when you drive. It is an offence to drive without them if you do not meet the standard.



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Q3

Tick **yes** or **no**.

If you tick **yes** you must not have any problem with the field of vision in your other eye and must be able to meet the minimum eyesight standard for driving (see question 1a/1b for standard requirements).

Q4

Tick **yes** or **no**.

Do not tick **yes** if you have only had corrective surgery/laser treatment for short sightedness.

If you tick **yes** to question 4 Please give the date of your last laser treatment.

If you do not we will not be able to progress your case. We will return the form for you to fill in.

If unsure please contact your doctor or optician.

Q5

Tick **yes** or **no**.

Only tick **yes** if you currently have cataracts or any corneal dystrophies in both eyes (or the remaining eye if you only have one eye) and you must be able to meet the minimum eyesight standard for driving (see question 1a/1b for standard requirement).



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Consent form

The term doctor on this form refers to your GP or consultant.

You must sign and date the consent and declaration form and must not alter it in any way. It confirms that the details you have given on the medical form(s) is, to the best of your knowledge correct.

If we need to write to your doctor, your consent will allow your doctor to give us information about your medical condition and driving.

The form also asks if you agree to DVLA faxing or emailing your doctor in appropriate circumstances. Our medical advisor will only do this when they feel it would be in your interest.

Find out about DVLA's online services

Go to: www.gov.uk/browse/driving

