Driver & Vehicle Licensing Agency

Confidential medical information

DIAB1 ONLINE
Rev Sept 14

PART A: ABOUT YOU

Please answer the questions on this form in **BLOCK CAPITAL** letters using **BLACK INK**

Title: (Mr, Mrs, Miss, Other?) Surname: Date of Birth:

First Name(s): Driver No: *(if known)*

Address: Telephone Number(s):

Home

Mobile

Postcode

Email

PART B: ABOUT YOUR GP AND YOUR CONSULTANT

GP's Name and Address

Dr:

Postcode:

TEL No: *(Including dialling code)*

Consultants Name and Address

Title:

Department:

Postcode:

TEL No: *(Including dialling code)*

Date last seen by GP (For this condition)

Date last seen by Consultant (For this condition)

If you have more than one consultant, please give their name, department and address on a separate sheet.

GP email address *(if known)*

Consultants email address *(if known)*

NHS number *(if known)*

PART C: Please give details of other clinics you are attending below

Name of clinic & Department	Reason for attendance	Date last seen

Driver & Vehicle Licensing Agency

DIABETES MEDICAL QUESTIONNAIRE

DIAB1 ONLINE
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1 Your Diabetes

1.1 How is your diabetes treated?

Insulin ☐ Tablets or non-insulin injectable ☐

1.2 Do you agree to test your blood glucose/sugar at times relevant to driving?

Times relevant to driving means no more than 2 hours before the start of a journey, and every two hours while driving

(!) This is a legal requirement for drivers with insulin treated diabetes

Yes ☐ No ☐

1.3 Confirm that you understand the symptoms of low blood sugar (hypoglycaemia)

Symptoms of low blood sugar (hypoglycaemia)

As a driver with diabetes, you need to know the symptoms of low blood sugar:

- hunger
- shakiness
- sleepiness
- nervousness
- confusion
- sweating
- weakness
- difficulty speaking
- anxiety
- dizziness or light-headedness

Low blood sugar can also happen during sleep. Some examples are:

- crying out or having nightmares
- damp sheets or pyjamas from perspiration
- feeling tired, irritable or confused after waking

I confirm that I have read and understood the symptoms above (tick) ☐

1.4 Have you ever had an episode of low blood sugar (hypoglycaemia) whilst awake?

Yes ☐ No ☐ **➔ Go to 2**

1.5 If yes, do you get warning symptoms of low blood sugar (hypoglycaemia)?

Warning symptoms will make you aware of when an episode of low blood sugar is occurring

Yes ☐ No ☐

1.6 How many episodes of low blood sugar (hypoglycaemia) have you had whilst awake in the last 12 months?

None ☐ **➔ Go to 2** One ☐ **➔ Go to 2** Two (or more) ☐

NAME:	DOB:	REF:
DRIVER NUMBER:		

1.7 | If two (or more), when having these episodes of low blood sugar, did you need help from another person?

Do not count episodes where you were given help but could have helped yourself

No, I didn't need assistance ☐ ➔ **Go to 2**	Yes, but I only needed assistance once ☐ ➔ **Go to 2**

Yes, I needed assistance both times (or more) ☐

1.8 If yes, were any of these episodes within the last 3 months?

Yes ☐ No ☐ ➔ **Go to 2**

2 Your Healthcare Professional

2.1 | Who should we contact if we need to investigate further?

GP / GP Nurse ☐ Consultant / Nurse Specialist at hospital clinic ☐

2.2 | Have you seen your healthcare professional about your diabetes in the last 12 months?

Yes ☐ No ☐

3 Your Eyesight

3.1 | Can you meet the legal eyesight standard for driving?

The Legal Eyesight Standards for Driving

- You must be able to read a car number plate from 20 metres
- You must not have been told by a doctor or optician that your eyesight is currently worse than 6 /12 (decimal 0.5) on the Snellen scale

Yes, **without** glasses or corrective lenses ☐ Yes, **with** glasses or corrective lenses ☐ No ☐

3.2 | How many functioning eyes do you have?

A functioning eye is one that you have any sight in

One ☐ Two ☐

3.3 | Have you ever had laser treatment or injections for diabetic eye disease?

Do not include surgery for long/short sightedness

No ☐ ➔ **Go to 4** Yes, in one eye ☐ Yes, in both eyes ☐

3.4 If yes, have you told us about your most recent injections or laser treatment?

Yes ☐ No ☐

4 Special Controls

4.1 | As a result of your medical condition, do you have to drive a vehicle with automatic gears?

Yes ☐ No ☐

4.2 | As a result of your medical condition, do you need to drive a vehicle with special controls?

Yes ☐ **➔ Go to 4.3** No ☐

If No to 4.2, 4.3 & 4.4 do not need to be answered

4.3 | Select any modifications that you need to drive a car

Modified transmission *(10)* ☐	Modified clutch *(15)* ☐	Modified braking system *(20)* ☐
Modified accelerator system *(25)* ☐	Pedal adaptations and pedal safeguards *(31)* ☐	Combined service brake and accelerator systems *(32)* ☐
Combined service brake, accelerator and steering systems *(33)* ☐	Modified control layouts *(35)* ☐	Modified steering *(40)* ☐
Modified rear view mirror *(42)* ☐	Modified driver seat *(43)* ☐	

4.4 | Select any modifications that you need to drive a motorcycle, moped or tricycle

Single operated brake *(44.01)* ☐	Adapted front wheel brake *(44.02)* ☐	Adapted rear wheel brake *(44.03)* ☐
Adjusted accelerator *(44.04)* ☐	Adjusted manual transmission and clutch *(44.05)* ☐	Adjusted rear view mirror *(44.06)* ☐
Adjusted commands *(light, indicators etc.)* *(44.07)* ☐	Seat height *(allows the driver to have two feet on the surface at once and balance the wheel when stopping /standing)* *(44.08)* ☐	Adapted foot rest *(44.11)* ☐
Adapted hand grip *(44.12)* ☐	Motorcycle with sidecar only *(45)* ☐	

NAME:	DOB:	REF:
DRIVER NUMBER:		

Driver & Vehicle Licensing Agency

CONSENT

Consent to the release of medical information

IMPORTANT: Please read the following information carefully and sign and date the statement below and return this consent form with your questionnaire. We cannot proceed with enquiries into your fitness to drive until we receive both your completed questionnaire and consent form

- We have asked you for your consent for the release of medical reports from your doctors as we may require further information.
- As part of the investigation into your fitness to drive, DVLA may require you to undergo a medical examination or some form of practical assessment. In these circumstances, those personnel involved will require your background medical details to undertake an appropriate and adequate assessment.
- Such personnel might include Doctors, Orthoptists, Paramedical Staff or officers of the Secretary of State. Only information relevant to the assessment of your fitness to drive will be released.
- Where the circumstances of your case appear exceptional, the relevant medical information would need to be considered by one or more of the Secretary of State's Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

All data held by DVLA is used for internal evaluation of the quality of our services.

This section must NOT be altered in any way.

Consent and Declaration

I authorise my Doctor(s) and Specialist(s) to release reports/medical information about my condition relevant to my fitness to drive, to the Secretary of State's medical adviser.

I authorise the Secretary of State to disclose such relevant personal and medical information as may be necessary to the investigation of my fitness to drive, to Doctors, Orthoptists, Paramedical staff or Officers of the Secretary of State.

I declare that I have checked the details I have given on the enclosed questionnaire and that, to the best of my knowledge and belief they are correct.

"I understand that it is a criminal offence if I make a false declaration to obtain a driving licence and can lead to prosecution."

Name: _____

Signature: _____ Date: _____

I authorise the Secretary of State to :

Inform my Doctor(s) of the outcome of my case **Yes** ☐ **No** ☐

Release my medical information, and any other relevant information, to my doctor(s) by postal or electronic (fax or email) channels **Yes** ☐ **No** ☐

If you would like to be contacted about your application by email or Text message (SMS), please tick the appropriate boxes (below). If not, DVLA will continue to contact you by post.

I authorise a representative of the Secretary of State to contact me via Email or SMS Text in relation to this application (Please Tick): Email ☐ **Yes** ☐ **No** **SMS (Text)** ☐ **Yes** ☐ **No**

If you tick either of these options, DVLA will contact you using an external service provider regarding this application only. Your email / mobile details will not passed on to any other Third Parties, or used for marketing purposes.

NAME:	DOB:	REF:
DRIVER NUMBER:		

Driver & Vehicle Licensing Agency

Note: please fill in and return all pages (1-5) of this medical questionnaire and consent/declaration. If you do not give us all the information we need including the full name, address and telephone number of your GP/Consultant then there will be a delay with your case.

Please use the contact details below to return your filled in medical questionnaire to the Drivers Medical Group.

By Post

Drivers Medical Group
DVLA
Swansea
SA99 1DF

By fax

0300 083 0083

Please keep this page (6) for future reference.