



**IMPORTANT:** Please answer the questions in **BLOCK CAPITAL** letters using **BLACK INK**.  
Failure to provide full information for yourself, GP or consultant may result in your case being delayed.

**PART A: About you**

**Current driving licence details**

**Title:** \_\_\_\_\_ **Full name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Postcode:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Contact number:** \_\_\_\_\_

**Change of details**

If you have changed your contact information (address, name, email or contact number) since we last corresponded with you, please provide the **NEW** details in the box below.

Empty box for providing new contact details.

**PART B: Healthcare professional for your condition**

**GP details**

**GP name:** \_\_\_\_\_

**Surgery name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Postcode:**

**Contact number:**

**Email:** \_\_\_\_\_

**Date last seen for this condition:**

**Consultant details**

**Consultant name:** \_\_\_\_\_

**Speciality:** \_\_\_\_\_ **Department:** \_\_\_\_\_

**Hospital name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Town:** \_\_\_\_\_

**Postcode:**

**Contact number:**

**Email:** \_\_\_\_\_

**Date last seen for this condition:**

# Medical questionnaire – diabetes treated with insulin – vocational

If you're not sure how to answer any questions discuss this form with your doctor.

Do not send your blood glucose memory meter to the DVLA.

1. Is your diabetes treated with insulin?

If yes, give the date you started insulin treatment:

<b>Yes</b>		<b>DD</b>		<b>MM</b>		<b>YY</b>	
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2. What type of diabetes do you have:

<b>Type1</b>		<b>Type 2</b>		<b>Other</b>	
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If "Other", please specify: \_\_\_\_\_

3. a) Do you use a traditional memory meter (not Flash/CGMS) to check your blood glucose (sugar) levels?

<b>Yes</b>		<b>No</b>	
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*Make sure you have a meter(s) with sufficient memory to store 6 continuous weeks of blood glucose (sugar) readings. Also make sure the date and time are set correctly on the meter(s).*

b) If yes, do you have the last 6 continuous weeks of blood glucose (sugar) readings, taken while on insulin and stored on a memory meter(s)?

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If no, please tell us why \_\_\_\_\_

4. a) Have you had a hypoglycaemic episode?

<b>Yes</b>		<b>No</b>	
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*Most patients on insulin will have experienced hypoglycaemia. This will not necessarily stop you holding a lorry or bus (group 2) licence. It is recommended that after treating an episode of hypoglycaemia you should re-test blood glucose (sugar). Then wait for 45 minutes after your blood glucose (sugar) returns to normal. It is also recommended that you keep a diary detailing the circumstances and symptoms of the hypoglycaemic episodes below 3 mmol/l to help discussion with the assessors*

b) If yes, were other people aware of the symptoms before you?

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5. a) Do you check your blood glucose (sugar) at least twice daily?

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b) Do you check your blood glucose (sugar) levels no more than 2 hours before the start of the first journey and every 2 hours after driving has started?

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*If you're driving multiple short journeys, for example, as a delivery driver, it's appropriate to measure blood glucose no more than 2 hours before the start of the first journey and then every 2 hours after you start driving. It is not necessary to test before each individual journey.*

6. How often do you have episodes of low blood glucose (sugar) that is, less than 4 mmol/l?

- |                         |  |                          |  |
|-------------------------|--|--------------------------|--|
| a) at least once a day  |  | b) 1 to 6 times a week   |  |
| c) 1 to 3 times a month |  | d) once a month          |  |
| e) 1 to 11 times a year |  | f) less than once a year |  |

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7. Have you had a severe episode of low blood glucose(hypoglycaemia) which required the help from another person, within in the last 12 months?  
***DO NOT count episodes where you were given help but could have helped yourself.***
- Yes  No

If yes, please give the dates of **the last 3** episodes:

DD MM YY	DD MM YY	DD MM YY

8. When you develop hypoglycaemia (low blood sugar) during waking hours, please circle the appropriate box below to indicate how aware you are of the onset? *(Please see attached information page)*  
 Do not answer this question if not applicable.

Always aware	1	2	3	4	5	6	7	Never aware
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9. Do you keep fast acting carbohydrate within easy reach when driving?  
*For example, a glucose drink, tablets or sweets.*
- Yes  No

10. a) Do you need to drive a vehicle fitted with special controls or automatic transmission for a car or motorcycle (group 1 vehicles)?  Yes  No
- b) Do you need to drive a vehicle fitted with special controls or automatic transmission to drive bus, lorry, medium sized vehicles over 3500kg and minibus (group 2 vehicles)?  Yes  No

11. a) Can you read a number plate from 20 metres in good light with glasses or contact lenses if worn?  Yes  No
- b) Has your doctor or optician advised you that your eyesight **does not currently** meet the minimum standards for driving? A visual acuity of 6/12 (decimal 0.5) or better may be achieved with the aid of glasses or contact lenses if necessary.  Yes  No
- c) Do you need to wear glasses or contact lenses to meet the minimum eyesight standard when you drive a car or motorcycle?  Yes  No
- d) Has your doctor or optician advised you that your eyesight **does not currently** meet the standard for vocational driving? Your visual acuity must be of at least 6/7.5 (0.8) in the better eye and at least 6/60 (0.1) in the other eye. This may be achieved with glasses or contact lenses if necessary.  Yes  No
- e) Do you need to wear glasses or contact lenses to meet the legal eyesight standard to drive a bus or lorry?  Yes  No

12. a) Do you have total loss of sight in one eye?  Yes  No

b) If yes, please give the date you lost your sight in one eye:

MM YY

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13. Do you have any of the conditions below affecting either eye? Yes  No

If yes, please tick the appropriate box indicating which eye is affected?

- |   | Left Eye   | Right Eye                |  |    |  |    |
|---|--|--------------------------|--|----|--|----|
| a) Do you currently have cataracts (with intolerance to glare)? | <input type="checkbox"/>   | <input type="checkbox"/> |  |    |  |    |
| b) Have you had laser treatment for diabetic eye disease?       | <input type="checkbox"/>   | <input type="checkbox"/> |  |    |  |    |
| c) Please give the date you last had laser treatment.           | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td style="text-align: center;">DD</td></tr></table> | DD                       | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td style="text-align: center;">MM</td></tr></table> | MM | <table border="1" style="display: inline-table; width: 50px; height: 20px;"><tr><td style="text-align: center;">YY</td></tr></table> | YY |
| DD  |  |                          |  |    |  |    |
| MM  |  |                          |  |    |  |    |
| YY  |  |                          |  |    |  |    |

14. Please give the date of your last contact (by phone, video or face to face consultation) with your GP or Consultant about your diabetes

GP: 

DD	MM	YY
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 Consultant: 

DD	MM	YY
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Name of the doctor or consultant responsible for the care of your diabetes.

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

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**YOU MUST NOW READ, SIGN & DATE THE DECLARATION FORM.**

A signed declaration must be made if you've got insulin treated diabetes

I declare I will:

- comply with the directions of the doctor or consultant treating my diabetes
- report immediately to DVLA any significant change in my condition
- provide evidence on request that I regularly monitor my condition
- monitor my blood glucose (sugar) using a glucose meter with a memory function, at least twice a day and no more than 2 hours before the start of your **first journey and then every 2 hours after you start driving** – and must have the meter(s) available for inspection
- keep fast acting carbohydrate within easy reach when driving.

I also understand the need to test my blood glucose (sugar) no more than 2 hours before the start of the **first journey and every 2 hours while driving a car or motorcycle (group 1 vehicles).**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Hypoglycaemia symptoms and what happens if left untreated:

Early symptoms of hypoglycaemia include:

- sweating
- shakiness or trembling
- feeling hungry
- fast pulse or palpitations
- anxiety
- tingling

If untreated it may result in more severe symptoms such as:

- slurred speech
- difficulty concentrating
- confusion
- disorderly or irrational behaviour, which may be mistaken for drunkenness
- unconsciousness

If you have insulin treated diabetes you are advised to take the following precautions:

- **always** carry your glucose meter and blood glucose strips with you
- check your blood glucose before driving and every 2 hours after you start driving
- if your blood glucose is **5.0mmol/l or less, take a snack**
- if it is less than **4.0mmol/l or you feel hypoglycaemic - do not drive**

If hypoglycaemia develops when you're driving:

- stop the vehicle safely as soon as possible
- switch off the engine, remove the keys from the ignition and move from the driver's seat
- do not drive for 45 minutes after your blood glucose has returned to normal – as it takes up to 45 minutes for the brain to recover fully

1. Keep an emergency supply of fast-acting carbohydrates, such as glucose tablets or sweets within easy reach in the vehicle.
2. Make sure you have personal identification with you at all times to show that you have diabetes – in case of injury in a road traffic accident.
3. Take particular care through any changes in your insulin routine, lifestyle, exercise, travel and pregnancy.
4. You must take regular meals, snacks and rest periods on long journeys.
5. Always avoid alcohol.



**Applicant’s authorisation**

You **must** fill in this section and must **not** alter it in any way. Please read the following information carefully and sign to confirm the statements below.

**Important information about fitness to drive**

- As part of the investigation into your fitness to drive, we (DVLA) may require you to have a medical examination and/or some form of practical assessment. If we do, the individuals involved in these will need your background medical details to carry out an appropriate assessment.
- These individuals may include doctors, orthoptists at eye clinics or paramedical staff at a driving assessment centre. We will only share information relevant to the medical assessment of your fitness to drive.
- Also, where the circumstances of your case appear to suggest the need for this, the relevant medical information may need to be considered by one or more of the members of the Secretary of State’s Honorary Medical Advisory Panels. The membership of these Panels conforms strictly to the principle of confidentiality.

For information about how we process your data, your rights and who to contact, see our privacy notice at [www.gov.uk/dvla/privacy-policy](http://www.gov.uk/dvla/privacy-policy)

**This section must NOT be altered in any way.**

**Declaration**

I authorise my doctor, specialist or appropriate healthcare professional to disclose medical information or reports about my health condition to DVLA, on behalf of the Secretary of State for Transport, that is relevant to my fitness to drive.

I understand that the doctor that I authorise, may pass this authorisation to another registered healthcare professional, who will be able to provide information about my medical condition that is relevant to my fitness to drive.

I understand that the Secretary of State may disclose such relevant medical information as is necessary to the investigation of my fitness to drive to doctors and other healthcare professionals such as orthoptists, paramedical staff and the Secretary of State for Transport’s Honorary Medical Advisory panel members.

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 correspond with medical professionals by email**      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



**Note:** please complete and return all pages of this medical questionnaire and authorisation form. 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 completed medical questionnaire to the **Drivers Medical Group**

**By Post:**

Drivers Medical Group,  
DVLA,  
Swansea.  
SA99 1DF

**Electronically – Email:**

[eftd@dvla.gov.uk](mailto:eftd@dvla.gov.uk)

Please keep this page for future reference



**Find out about DVLA's online services**

**Go to:** [www.gov.uk/browse/driving](http://www.gov.uk/browse/driving)

