Driver & Vehicle Licensing Agency

Confidential medical information

VDIAB1GEN
Rev Jul 22

PART A: ABOUT YOU

Please complete this form in **BLOCK CAPITAL** letters using **BLACK INK**

Title ____________ Full name ____

Full address ____

____

Postcode ____________________ Date of birth ____________________________

NHS number ____________________ Driver number ____________________________
(If known)

Mobile number ____________________________ Home number ____________________________
(Optional) *(Optional)*

Email ____
(Optional)

PART B: HEALTHCARE PROFESSIONAL DETAILS

Please provide the details of the GP and Consultant you have seen for this condition
IMPORTANT: You must provide their full name and address, or the form will be returned to you, delaying your application.

GP DETAILS

Full name ____

Surgery ____

Full address ____

____

Postcode ____________________ Phone number ____________________________

Email ____
(If known)

Date last seen by GP for this condition ____________________________

CONSULTANT DETAILS

Title ____________ Full name ____

Department ____

Full hospital address ____

____

____

Postcode ____________________ Phone number ____________________________

Email ____
(If known)

Date last seen by consultant for this condition ____________________________

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Medical questionnaire – diabetes – vocational

VDIAB1GEN
Rev Oct 16

If you are unsure of any answers, we advise you to discuss this form with your doctor.

1. Please tell us how your diabetes is treated and the date treatment started.

a) Insulin? — Yes ☐ MM ☐ YY ☐
(If your diabetes is treated with insulin you will need to complete a VDIAB1I questionnaire, which is available to download at www.gov.uk/health-conditions-and-driving *or by ringing 0300 790 6806)*

b) Tablets? — Yes ☐ MM ☐ YY ☐
*(If your medication includes **any** of the tablets listed below you will need to complete a VDIAB1SG questionnaire, which is available to download at* www.gov.uk/health-conditions-and-driving *or by ringing 0300 790 6806)*

Sulphonylureas	Glinides
Chlorpropamide Glibenclamide also known as Euglucon Gliclazide also known as Diamicron or Diamicron MR or Blixona Glimepiride also known as Amaryl Glipizide also known as Minodab and Glibenese Tolbutamide	Nateglinide also known as Starlix Repaglinide also known as Prandin

c) Non insulin injectable treatment? — Yes ☐ MM ☐ YY ☐
(e.g. Byetta/Exenatide, Victosa/Liraglutide)

d) Diet only? — Yes ☐ MM ☐ YY ☐
If your diabetes is diet only controlled, please go to Q3

2. **If you have answered yes to any of questions 1a – c,** please give the names of **ALL** the medication you take to control your diabetes.

____

____

3. Please tell us the type of diabetes you have — Type 1 ☐ Type 2 ☐ Other ☐

If "Other" please specify: ________________________

4. a) Do you need to drive a vehicle fitted with special controls or automatic transmission for Group 1 vehicles? *(Cars and Motorcycles)* — Yes ☐ No ☐

b) Do you need to drive a vehicle fitted with special controls or automatic transmission for Group 2 vehicles? — Yes ☐ No ☐
(Bus, Lorry, Medium sized vehicles over 3500kG and Minibus)

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		Yes	No
5.	a) Can you read a number plate from 20 metres in good light with glasses or contact lenses if worn?		
	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 must be achieved with the aid of glasses or contact lenses if necessary.		
	c) Do you need to wear glasses or contact lenses to meet the minimum eyesight standard to drive cars or motorcycles?		
	d) Has your doctor or optician advised you that your eyesight **does not currently** meet the minimum standards for vocational driving? Visual acuity of at least 6/7.5 (0.8) in the better eye and 6/60 (0.1) in the other eye must be achieved with the aid of glasses or contact lenses if necessary		
	e) Do you need to wear glasses or contact lenses to meet the legal eyesight standard to drive a bus or lorry?		
	f) Have you had your eyes tested in the last 6 months?		
6.	a) Do you have total loss of sight in one eye?		

	Day	Month	Year
b) If yes, please supply the date of loss.			

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

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

	Left Eye	Right Eye
a) Do you currently have cataracts?		
b) Have you had laser treatment or injections for diabetic eye disease?		

	Day	Month	Year
c) Please give the date you last had laser treatment.			

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

	Day	Month	Year
GP:			
Consultant:			

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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

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 the 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**

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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

Email: 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