



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

IMPORTANT: We need details of the GP or the consultant you've seen for this condition. 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 _____



*****IMPORTANT INFORMATION FOR YOU TO READ*****

Drivers whose diabetes is controlled with certain tablets are required to meet a higher medical standard before a Group 2 licence can be issued. A list of the tablets can be found below. This is not an exhaustive list and if you are unsure what medication you are taking, **you should discuss this with your doctor.**

Do you take any of the following tablets

Sulphonylureas, which include:

Chlorpropamide

Glibenclamide also known as
Euglucon

Gliclazide also known as *Diamicon*,
Diamicon MR or *Zicron* or *Blixona*

Glimepiride also known as *Amaryl*

Glipizide also known as *Minodab*
and *Glibenese*

Tolbutamide

Glinides, which include:

Nateglinide also known as *Starlix*

Repaglinide also known as *Prandin*

We may write to your GP to confirm the information you have provided.

If your GP **cannot** confirm that you check your blood glucose (sugar) twice daily, at times relevant to driving (not more than 2 hours before the start of your first journey and every 2 hours while driving Group 2 vehicles), and that you carry a fast acting carbohydrate, **your application may be refused or your current bus and/or lorry licence may be revoked**

PLEASE TURN OVER AND ANSWER THE QUESTIONS ABOUT YOUR DIABETES



Medical questionnaire – diabetes treated with S&G tablets – vocational

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

Do not send your blood glucose memory meter to DVLA.

1. Please tell us the name(s) of all the medication you take to treat your diabetes and the date the treatment started.

Month	Year
<input type="text"/>	<input type="text"/>

2. Please tell us the type of diabetes you have:

Type 2	Other
<input type="text"/>	<input type="text"/>

If “Other”, please specify: _____

3. Have you had an episode of severe hypoglycaemia in the last 12 months? (*Severe hypoglycaemia is defined as requiring the assistance of another person. Do not count episodes where you were given help but could have helped yourself.*)

Yes	No
<input type="text"/>	<input type="text"/>

If yes, please give the dates of all episodes:

Month	Year	Month	Year	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have answered yes to question 3, continue to question 4.

If you have never had an episode of hypoglycaemia (severe or not severe) proceed to question 6

4. When your blood glucose (sugar) starts to fall and you are awake, do you always have warning symptoms?
5. If you have hypoglycaemia, are other people aware of your symptoms before you are?

Yes	No
<input type="text"/>	<input type="text"/>

<input type="text"/>	<input type="text"/>
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To meet the current bus, lorry, medium-sized vehicles over 3500kg and minibus (group 2 vehicles) standards of medical fitness to drive, an applicant or licence holder who has diabetes treated with a Sulphonylurea or Glinide must:

- check their blood glucose (sugar) level at least twice daily and at times relevant to driving
- keep a supply of fast acting carbohydrate, such as a glucose drink or sweets, within easy reach in the vehicle

Failure to do so may lead to the revocation or refusal of your Group 2 licence.

VDIAB1SG

- | | Yes | No |
|---|--------------------------|--------------------------|
| 6. a) Do you check your blood glucose (sugar) at least twice daily? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do you check your blood glucose (sugar) levels at times relevant to driving? | <input type="checkbox"/> | <input type="checkbox"/> |
| c) In the future, will you test your blood glucose (sugar) at least twice daily and at times relevant to driving, while you drive a bus, lorry, medium-sized vehicle over 3500kg or a minibus (group 2 vehicles)? | <input type="checkbox"/> | <input type="checkbox"/> |

Declaration to be signed by all applicants who have diabetes treated with a sulphonylurea or glinide.

I declare that I will:

- comply with the directions of the doctors treating my diabetes
- report immediately to DVLA any significant change in my condition
- regularly monitor my condition and in particular undertake blood glucose (sugar) monitoring at least twice daily and at times relevant to driving (no more than 2 hours before the start of the **first journey and every 2 hours while driving Group 2 vehicles**).
- keep fast acting carbohydrates, such as a glucose drink or sweets, within easy reach when driving.

Name (print) _____ Date _____

Signature _____ Date _____

- | | Yes | No |
|--|--------------------------|--------------------------|
| 7. a) Do you need to drive a vehicle fitted with special controls or automatic transmission for cars and motorcycles (group 1 vehicles)? | <input type="checkbox"/> | <input type="checkbox"/> |
| b) Do you need to drive a vehicle fitted with special controls or automatic transmission for a bus, lorry, medium-sized vehicle over 3500kg or minibus (group 2 vehicles)? | <input type="checkbox"/> | <input type="checkbox"/> |

Continued

VDIAB1SG

- | | | Yes | No |
|-----|--|------------------------------------|-----------------------------------|
| 8. | a) Can you read a number plate from 20 metres in good light with glasses or corrective lenses if worn? | <input type="checkbox"/> | <input type="checkbox"/> |
| | 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. | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Do you need to wear glasses or contact lenses to meet the minimum eyesight standard to drive cars or motorcycles? | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Has your doctor or optician advised you that your eyesight does not currently meet the minimum standards for driving a bus or lorry?
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. | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) Do you need to wear glasses or contact lenses to meet the legal eyesight standard to drive a bus or lorry? | <input type="checkbox"/> | <input type="checkbox"/> |
| | f) Have you had your eyes tested in the last 6 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. | a) Do you have total loss of sight in one eye, monocular vision? | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) If yes, please supply the date of loss: | <input type="text" value="Month"/> | <input type="text" value="Year"/> |
| 10. | Do you have any of the conditions below affecting either eye? | <input type="checkbox"/> | <input type="checkbox"/> |

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

- | | | Left Eye | Right Eye |
|----|---|----------------------------------|--|
| a) | Do you currently have cataracts (with an 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: | <input type="text" value="Day"/> | <input type="text" value="Month"/> <input type="text" value="Year"/> |

11. Please give the date of your last contact (any phone, video or face to face consultation) with your GP/practice nurse or consultant about your diabetes.

GP/practice nurse:

Day	Month	Year

Consultant:

Day	Month	Year



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



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

