



Part A: is 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: your 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 _____

Medical questionnaire – diabetes treated with insulin – vocational

If you are unsure of the answers, we advise you to 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:

Yes		Day		Month		Year
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

2. What type of diabetes do you have:

Type1		Type 2		Other
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>

If “Other”, please specify: _____

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

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

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)?

<input type="checkbox"/>	<input type="checkbox"/>

If no, please tell us why _____

4. a) Have you had a hypoglycaemic episode?

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

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?

<input type="checkbox"/>	<input type="checkbox"/>

5. 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 no more than 2 hours before the start of the first journey and every 2 hours after driving has started?

<input type="checkbox"/>	<input type="checkbox"/>

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 an episode of severe hypoglycaemia in the last 12 months? Yes No
*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.*

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

Day	Month	Year	Day	Month	Year	Day	Month	Year

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 carbohydrates within easy reach when driving? Yes No
For example a glucose drink, tablets or sweets.

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 necessary)? Yes No
- b) Have you been advised, by your doctor or optician that you **do not currently** meet the minimum eyesight standard for driving?
 Your visual acuity must be of 6/12 (decimal 0.5) or better and this may be achieved with 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) Have you been advised, by your doctor or optician, that you **do not currently** meet the minimum eyesight standard for driving a bus or lorry?
 A visual acuity of at least 6/7.5 (0.8) in the better eye and at least 6/60 (0.1) in the other eye and 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 for driving when you 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: Month Year

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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 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. | Day | Month | Year |
| | <input type="text"/> | <input type="text"/> | <input type="text"/> |

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:

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

 Consultant:

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

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 two 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

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

