Driver & Vehicle Licensing Agency

VDIAB1SG

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 personal 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.

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:

Specialty: Department:

Hospital name:

Address:

Town:

Postcode:

Contact number:

Email:

Date last seen for this condition:

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If you are unsure of the answers we advise you to discuss this form with your doctor

Section A: Diabetes Treatment

1. Do you take Sulphonylurea or Glinide medication to treat your diabetes? For example, Gliclazide Glimepiride.

Yes ☐ No ☐ If **'No'**, do not complete the rest of the form

You must confirm you've read and understood the following information.

As a driver with diabetes treated by Sulphonylurea or Glinide medication, I agree to:

- check my glucose (sugar) levels at least twice daily and at times relevant to driving **(at the start of my first journey and continuing to check glucose (sugar) levels every 2 hours, or more frequently until I stop driving lorry or bus (group 2) vehicles)**
- always keep an emergency supply of fast-acting carbohydrates, such as glucose tablets or sweets within easy reach in the vehicle
- report any significant changes in my health condition to DVLA immediately
- comply with the directions of the healthcare professionals treating my diabetes

Read the below statement and sign the declaration to agree:

"I have diabetes treated by Sulphonylurea or Glinide medication and I agree to comply with the above conditions if I am issued with a lorry or bus (group 2) driving licence."

Signature: _____ Today's Date: Day ☐☐ Month ☐☐ Year ☐☐☐☐

Section B: Hypoglycaemic Awareness

2 Have you had a severe episode of low blood glucose (hypoglycaemia) where you needed help from another person, within the last 12 months? Yes ☐ No ☐

<u>Do not</u> count episodes where you were given help but could have helped yourself.

If **'Yes'**, please tell us the dates of the 3 most recent events:

MM ☐☐ YY ☐☐ MM ☐☐ YY ☐☐ MM ☐☐ YY ☐☐

3. Do you understand the warning signs of low blood glucose (hypoglycaemia)? Yes ☐ No ☐

You must be aware of low blood glucose (hypoglycaemia) even if you have never had an episode. For information on symptoms of low blood glucose (hypoglycaemia), see table below.

Early warning signs of low blood glucose include:		
• sweating	• shakiness or trembling	• feeling hungry
• anxiety	• fast pulse or palpitations	• tingling lips
If you don't treat this, it may result in more severe symptoms such as:		
• slurred speech	• confusion	• difficulty concentrating
• disorderly or irrational behaviour which may be mistaken for drunkenness		
If left untreated this may lead to unconsciousness		

Section C: Vision and General

4. Have you had any laser treatment for diabetic related issues affecting either eye?

Yes, in one ☐ Yes, in both eyes ☐ No ☐ **Go to Q5**

a) If **'Yes'**, please tell us the date of your last treatment: Day ☐☐ Month ☐☐ Year ☐☐☐☐

5. Please tell us the date of your last contact (any phone, video or face to face with your healthcare professional about your diabetes):

GP/Practice Nurse: Day ☐☐ Month ☐☐ Year ☐☐☐☐ **Consultant:** Day ☐☐ Month ☐☐ Year ☐☐☐☐

6. As a result of your diabetes, do you have any problems with your limbs that affect your ability to control your vehicle safely?

Yes ☐ No ☐ If **'No'**, do not complete the rest of the form

a) As a result of this health condition, do you have to drive a car or motorcycle with special controls?

Yes ☐ No ☐

b) As a result of this health condition, do you have to drive a lorry or bus with special controls?

Yes ☐ No ☐

c) If **"Yes"**, please tell us of any modifications that you need to drive a:

	Car	Lorry or bus
• transmission (10)		
• clutch (15)		
• braking system (20)		
• accelerator system (25)		
• pedal adaptations and safeguard (31)		
• combined service brake and accelerator systems (32)		
• combined service brake, accelerator and steering systems (33)		
• control layouts (35)		
• steering (40)		
• rear view mirror (42)		
• driver seat (43)		

If **"Yes"**, please tell us of 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 (for example, lights or indicators) (44.07)	
• seat height (allows the driver to have 2 feet on the surface at once and balance the wheel when stopping/standing) (44.08)	
• adapted footrest (44.11)	
• adapted hand grip (44.12)	
• motorcycle with sidecar only (45)	

7. As a result of your health condition, have you been told that you can only drive a vehicle with automatic gears? Do not mark '**Yes**' if you drive a vehicle with automatic gears by choice.

Yes, car only ☐ Yes, lorry or bus ☐ No ☐

Driver & Vehicle Licensing Agency

Rev July 22

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 via electronic channels (email) **Yes** ☐ **No** ☐

If you would like to be contacted about your application by email or text message (SMS) by a healthcare professional acting on behalf of the DVLA, please tick the appropriate boxes below.
If no boxes are ticked, you will be contacted by post.

Email ☐ **SMS (Text)** ☐

If you would like to be contacted about your application by email or text message (SMS), please tick the appropriate boxes. If no boxes are ticked, DVLA will continue to contact you by post.

Email ☐ **SMS (Text)** ☐

Driver & Vehicle
Licensing
Agency

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

Please keep this page for future reference.