Driver & Vehicle Licensing Agency

V D I A B 1 G E N

VDIAB1GEN
Rev Nov 25

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:

Speciality: Department:

Hospital name:

Address:

Town:

Postcode:

Contact number:

Email:

Date last seen for this condition:

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

1. Please tell us how your diabetes is treated and the date treatment started. Put an **'X'** in all boxes that apply.

	Yes	MM	YY
a) Insulin			

(If your diabetes is treated with insulin you will need to complete a DIAB1IV questionnaire, which is available to download at www.gov.uk/health-conditions-and-driving *or by ringing 0300 790 6806)*

	Yes	MM	YY
b) Tablets			

*(If your medication includes **any** of the tablets listed below you will need to complete a DIAB1SGV questionnaire, which is available to download at* www.gov.uk/health-conditions-and-driving *or by ringing 0300 790 6806)*

Sulphonylurea	Glinide
• Tolbutamide • Chlorpropamide • Gliclazide also known as Zicron, Diamicron or Glydex • Gliclazide Modified Release also known as Dacadis MR, Diamicron MR, Edicil MR, Lamzarin modified release, Nazdol, Ziclaseg modified release, Laaglyda MR • Glibenclamide also known as Amglidia, or Euglucon • Glipizide also known as Minodab • Glimepiride also known as Amaryl	• Repaglinide also known as Enyglid or Prandin • Nateglinide also known as Starlix

If 'Yes' to question 1a or 1b do not fill in the remainder of this form unless the tablets are not listed. Instead follow the alternative instructions provided.

	Yes	MM	YY
c) Diet only *If your diabetes is diet only controlled,* ***go to Q3***			

	Yes	MM	YY
d) Non insulin injectable treatment *(for example, Byetta/Exenatide, Victosa/Liraglutide)*			

2. If you have answered **'Yes'** to question 1d, please tell us the name of all the medication you take to control your diabetes:

_____

_____

		Type 1	Type 2	Other
3.	What type of diabetes do you have?	☐	☐	☐

a) If "**Other**", please specify: _____

4	As a result of this health condition, do you have any problems with your limbs that affect your ability to control your vehicle safely?	Yes	☐	No	☐
a)	As a result of this health condition, do you have to drive a vehicle with special controls? *(Lorry, Bus, Medium sized vehicles over 3500kg and Minibus)*	Yes	☐	No	☐

Cars	Lorry or bus	Motorcycles
☐	☐	☐

b)	As a result of your health condition, have you been told that you can only drive vehicles with automatic gears? (Do not mark **'Yes'** if you drive a vehicle with automatic gears by choice).	Yes	☐	No	☐
5.	Can you read a number plate from 20 metres, which is the length of around 5 parked cars, with glasses or corrective lenses if needed?	Yes	☐	No	☐
a)	Has your healthcare professional or optician/optomertist advised you that your eyesight **does not currently** meet the minimum standard for driving? A visual acuity of 6/12 (decimal 0.5 on Snellen scale) or better may be achieved with the aid of glasses or corrective lenses if necessary.	Yes	☐	No	☐
b)	Do you need to wear glasses or corrective lenses to meet the minimum eyesight standard to drive a car or motorcycle (group 1) vehicle?	Yes	☐	No	☐

c) Do you need to wear glasses or corrective lenses to meet the legal eyesight standards to drive a lorry or bus (group 2) vehicle? Yes ☐ No ☐

d) Has your healthcare professional or optician/optometrist advised you that your eyesight **does not currently** meet the minimum standard for lorry or bus (group 2) driving?
Your visual acuity must be of at least 6/7.5 (decimal 0.8 on Snellen scale) in the better eye and at least 6/60 (decimal 0.1 on Snellen scale) in the other eye. This may be achieved with glasses or corrective lenses if necessary. Yes ☐ No ☐

6. Do you have total loss of sight in one eye? Yes ☐ No ☐
Go to Q7

a) If '**Yes',** please tell us the date of loss of sight.

Day	Month	Year

7. Have you had treatment for diabetic retinopathy (for example laser treatment, or eye surgery)? Yes ☐ No ☐

a) If '**Yes'**, please tell us the date you had treatment for diabetic retinopathy.

Day	Month	Year

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

GP:

Day	Month	Year

Consultant:

Day	Month	Year

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
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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

Electronically – Email:

eftd@dvla.gov.uk

Please keep this page for future reference.