



**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 how to answer these questions, you can discuss the form with your healthcare professional.

**Do not send your continuous glucose monitor/meter to the DVLA**

### Question 1

Is your diabetes treated with insulin?

Yes

No  → go to Q2

DD MM YY

a) If 'Yes' please tell us the date you started insulin treatment

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

### Question 2

Do you monitor your glucose (sugar) levels?

Yes

No  → go to Q6

a) If 'Yes' please tell us how you monitor your glucose (sugar) levels. Please put an 'X' in the box for all that apply.

CGM

Finger Prick Test

### Question 3

Do you check/review your glucose (sugar) at least twice daily?

Yes

No

### Question 4

Do you check your glucose (sugar) level at the start of the first journey and continue to check your glucose (sugar) levels every 2 hours, or more frequently until you stop driving?

Yes

No

### Question 5

Do you have glucose (sugar) readings saved for each of the last 4 weeks without missing any days?

Yes  → go to Q6

No

DD MM YY

a) If 'No' when did you start taking your glucose (sugar) readings?

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

### Question 6

Do you understand the warning signs of low blood glucose (hypoglycaemia)?

Yes

No

**VDIAB11**

**Question 6 continued**

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

<p><b>Early warning signs of low blood glucose (hypoglycaemia) include:</b></p>	<ul style="list-style-type: none"> <li>• Sweating</li> <li>• Shakiness or trembling</li> <li>• Feeling hungry</li> <li>• Fast pulse or palpitations</li> <li>• Anxiety</li> <li>• Tingling lips</li> </ul>
<p><b>If you don't treat this, it may result in more severe symptoms such as:</b></p>	<ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Difficulty concentrating</li> <li>• Confusion</li> <li>• Disorderly or irrational behaviour which may be mistaken for drunkenness</li> </ul>
<p><b>If left untreated this may lead to unconsciousness</b></p>	

**Question 7**

Have you had any severe episodes of low blood glucose (hypoglycaemia) in the last 12 months?

Yes       No  → go to Q9

Severe means an episode of low blood glucose (hypoglycaemia) needing help from another person. **DO NOT** count episodes where you were given help but could have helped yourself.

**Question 8**

If 'Yes' to Q7 please tell us the dates of the last 3 episodes:

DD   MM   YY	DD   MM   YY	DD   MM   YY

a) If 'Yes' to Q7 please circle the appropriate box below to indicate how aware you were of the onset.

Always aware  1     2     3     4     5     6     7    Never aware

**Question 9**

Do you keep fast acting carbohydrate within easy reach when driving? For example, a glucose drink, tablets or sweets.

Yes       No

Diabetes and Vision

**Question 10**

Do you have diabetic retinopathy in either or both eyes?

Yes

No

→ go to Q11

a) Have you had treatment for diabetic retinopathy?  
(laser treatment, eye injections or eye surgery)

Yes

No

b) If 'Yes' please tell us the date you had treatment for diabetic retinopathy

DD MM YY

--	--	--

**Question 11**

Please tell us the date of your last contact (by phone, video or face to face consultation) with your GP or Consultant about your diabetes.

GP: DD MM YY

--	--	--

Consultant: DD MM YY

--	--	--

Name of the doctor or consultant responsible for the care of your diabetes:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Question 12**

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

→ Declaration

a) As a result of your health condition, do you have to drive a vehicle with special controls?

Yes

No

### Question 12b

If yes, please tell us of any modifications that you need to drive a:			If yes, please tell us of any modifications that you need to drive a:	
	Car	Bus or Lorry	Motorcycle, Moped or Tricycle	
• transmission (10)	<input type="checkbox"/>	<input type="checkbox"/>	• single operated brake (44.01)	<input type="checkbox"/>
• clutch (15)	<input type="checkbox"/>	<input type="checkbox"/>	• adapted front wheel brake (44.02)	<input type="checkbox"/>
• braking system (20)	<input type="checkbox"/>	<input type="checkbox"/>	• adapted rear wheel brake (44.03)	<input type="checkbox"/>
• accelerator system (25)	<input type="checkbox"/>	<input type="checkbox"/>	• adjusted accelerator (44.04)	<input type="checkbox"/>
• pedal adaptations and safeguards (31)	<input type="checkbox"/>	<input type="checkbox"/>	• adjusted manual transmission and clutch (44.05)	<input type="checkbox"/>
• combined service brake and accelerator systems (32)	<input type="checkbox"/>	<input type="checkbox"/>	• adjusted rear view mirror (44.06)	<input type="checkbox"/>
• combined service brake, accelerator and steering systems (33)	<input type="checkbox"/>	<input type="checkbox"/>	• adjusted commands (for example, lights or indicators) (44.07)	<input type="checkbox"/>
• control layouts (35)	<input type="checkbox"/>	<input type="checkbox"/>	• seat height (allows the driver to have 2 feet on the surface at once and balance the wheel when stopping/standing) (44.08)	<input type="checkbox"/>
• steering (40)	<input type="checkbox"/>	<input type="checkbox"/>	• adapted footrest (44.11)	<input type="checkbox"/>
• rear view mirror (42)	<input type="checkbox"/>	<input type="checkbox"/>	• adapted hand grip (44.12)	<input type="checkbox"/>
• driver seat (43)	<input type="checkbox"/>	<input type="checkbox"/>	• motorcycle with sidecar only (45)	<input type="checkbox"/>

### Question 13

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  Yes, lorry or buses  No

**VDIAB11**

**YOU MUST READ, SIGN & DATE THE DECLARATION BELOW:**

If you have diabetes treated with insulin, you must provide a signed declaration to confirm you meet the following lorry or bus (group 2) standards:

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 glucose (sugar) using a glucose monitor with a memory function, at least twice a day at the start of my **first journey and then every 2 hours after I start driving** – and will have the monitor(s) available for inspection.
- not start driving again until my glucose (sugar) has been 5mmol/L for a minimum of 45 minutes, should I have an episode of low glucose (sugar) (less than 4mmol/L) whilst driving.
- keep fast acting carbohydrate within easy reach in the vehicle when driving.

I also understand the need to test my glucose (sugar) at the start of the **first journey and every 2 hours whilst driving a car or motorcycle (group 1) vehicle.**

Signature: \_\_\_\_\_ Today's date: \_\_\_\_\_

## **Hypoglycaemia and safe driving**

### **What is hypoglycaemia?**

Hypoglycaemia (also known as a hypo) is the medical term for a low blood glucose (sugar) level.

### **Severe hypoglycaemia means a drop in blood glucose levels needing help from another person.**

Low blood glucose levels are the greatest risk to safe driving.

When glucose falls below 4.0 mmol/l, your reaction time slows, your judgement is affected, and driving may become erratic.

Even if you have never had a low reading, the risk increases the longer you have been on insulin.

In extreme cases, very low glucose can lead to unconsciousness.

Most people get warning signs when glucose drops below 4.0 mmol/l. However, signs may fade with age or prolonged insulin use, increasing danger to yourself and others.

### **Never ignore warning signs while driving. Stop safely as soon as possible.**

#### **Early warning signs**

- Sweating
- Shakiness or trembling
- Feeling hungry
- Fast pulse or palpitations
- Anxiety
- Tingling lips

#### **If untreated, symptoms may become worse, and you may have:**

- Slurred speech
- Difficulty concentrating
- Confusion
- Disorderly or irrational behaviour (which may be mistaken for drunkenness)

#### **Safe driving requirements**

- Don't drive if your glucose level is below 4.0mmol/L
- If your glucose is 5.0mmol/L or less, eat a fast-acting carbohydrate such as glucose tablets, sweets or a sugary drink
- If you experience low glucose levels whilst driving:
  - stop the vehicle safely as soon as possible – you should switch off the engine, remove the keys from the ignition and move from the driver's seat
  - wait at least 45 minutes after glucose levels return to at least 5.0mmol/L or above before driving again - it takes up to 45 minutes for the brain to recover fully

#### **You must stay in full control of your vehicle at all times.**

The police can stop you if they think you're not in control because you're distracted, and you can be prosecuted.



## 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](http://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](mailto:eftd@dvla.gov.uk)

Please keep this page for future reference.

**Keep up to date  
with our latest news  
and services at:**

**[gov.uk/dvla](http://gov.uk/dvla)**

