

Annual Diabetic Medical – Form and Guidance

Applicants or licence holders with diabetes treated with any of the following:

- insulin, or
- a sulphonylurea (such as gliclazide, glibenclamide or glipizide), or
- a glinide (such as meglitinide or nateglinide)

require an annual specialist medical report for their diabetes as well as a full medical report from their GP at the usual intervals (determined by their age and/or any other medical conditions).

At both of these types of medical, the doctor will need to review the applicant's self-monitoring blood glucose records for the previous 3 months, stored on the memory of a blood glucose meter. A licence cannot be granted until the applicant's condition has been stable for at least 1 month.

Please note that fingerprick **blood** glucose testing is required if you are on a medication which can cause low glucoses (including insulin or gliclazide). Use of a continuous glucose monitor (such as the Freestyle Libre or Dexcom One) does **NOT** meet DVLA Group 2 standards so will not be adequate for this process.

You are required to check your fingerprick **blood** glucose at least twice a day and at times relevant to driving, in line with DVLA Group 2 standards. Your GP practice should be able to supply the appropriate test strips in line with local guidance. Everyone on insulin or gliclazide qualify to receive these strips.

IMPORTANT NOTE

This form is only to be completed by a consultant specialising in diabetes (so not, for example, a GP or practice nurse). This is to ensure the assessment is compliant with DVLA Group 2 standards as per our policy. If you are not under the treatment of a consultant, please ask your GP or surgery to refer you to OCDEM with a note for the referral to be marked for the attention of Dr Tan.

Applicants must sign the below undertaking to comply with the directions of the healthcare professionals treating their diabetes and to report any significant change in their condition to the Council immediately, and potentially also to the DVLA.

Applicant declaration - to be completed and signed in the presence of the consultant:

Name			
Date of Birth			
			Please initial:
I understand the risk of hypoglycaemia and will comply with such directions regarding treatment for diabetes as may from time to time be given by the registered medical practitioner overseeing my treatment, or one of the clinical team working under the supervision of that registered medical practitioner.			
I regularly monitor my condition, and, in particular, undertake blood glucose monitoring as follows:			
<ul style="list-style-type: none"> • at least twice daily including on days when not driving • no more than 2 hours before the start of work 			

Applicant's full name		Date of birth	
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<ul style="list-style-type: none"> at least every 2 hours after driving has started (a maximum of 2 hours should pass between the pre-driving glucose test and the first glucose check performed after driving has started) 	
I understand that blood glucose monitoring records must be stored on a meter for at least 3 months and if I do not maintain three continuous months of records, my licence may be refused or suspended.	
I will immediately report to the licensing authority in writing any significant change in my condition and will follow the advice of medical practitioners if I am advised I am not fit to drive.	
Sign	
Date	

To be completed by the consultant at the annual diabetic medical:

	Please initial:
I have today examined the above-mentioned individual and have had sight of the previous three months of glucose readings stored in the memory of a blood glucose meter. These records confirm that the applicant is testing at least twice daily, and at least every two hours when driving.	
<p>I confirm that:</p> <ul style="list-style-type: none"> The applicant has undergone treatment with insulin, a sulphonylurea or a glinide for at least one month The applicant has not during the last 12 months had a severe episode of hypoglycaemia requiring the assistance of another person There is no evidence the applicant has diabetic retinopathy affecting visual acuity or visual fields, or severe peripheral neuropathy sufficient to impair limb function for safe driving 	
<p>I confirm that in my view, the applicant:</p> <ul style="list-style-type: none"> Currently has a minimal risk of impairment due to hypoglycaemia Has a full awareness of, and understands the risks of, hypoglycaemia 	

Name of consultant		Official stamp
Consultant signature		
Date		

Applicant's full name		Date of birth	
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