

Examination by diabetes medical/nurse specialist

Fitness to meet DVLA group 2 medical standard (insulin-controlled diabetes)

Name of candidate:

Date of birth:

Address:

Date of interview:

Day	Month	Year

Date of diagnosis:

--	--	--

Date insulin treatment commenced:

--	--	--

1. Please give details of frequency and type of medical supervision for diabetes:

2. Have you examined his/her blood glucose records for the last six continuous weeks from a memory meter(s) with complete blood glucose records as below? Yes No

It is essential that you ensure that the driver has tested at least twice daily (even when not driving) and no more than 2 hours before the start of the first journey and at 2 hourly intervals while driving. If the driver has missed a day or more he/she may be required to collect the data again.

If No, how many days are missing and is there a satisfactory explanation for this?

3. If the meter(s) contains any low blood glucose readings (less than 3 mmol/l), are you satisfied that he/she was symptomatic at the time and that low readings could probably be explained appropriately? Yes No

Meter readings of less than 3 mmol/l do not exclude an applicant from qualifying for a Group 2 licence. He/she may have tested appropriately to confirm hypoglycaemia. It is important to try to identify any low readings which have not been accompanied by symptoms. He/she may not be able to recall what precisely happened for every low blood glucose over the last six weeks and a degree of clinical interpretation will be required.

Please give details:

4. Has he/she ever had an episode of severe hypoglycaemia while awake or asleep? Yes No

*Severe hypoglycaemia is defined as **requiring** assistance from another person. **DO NOT count episodes where assistance was given but the applicant could have helped himself/herself.***

If Yes, when was the last episode(s)?

Day	Month	Year	Day	Month	Year	Day	Month	Year

A history of severe hypoglycaemia is a risk factor for future episodes. Episodes in the last 5 years are particularly important to consider. You will need to take a history of all episodes of severe hypoglycaemia including precipitating factors and changes to treatment which may have occurred as a result of these episodes.

5. Are you satisfied that the applicant:

	Yes	No
a) knows what symptoms can occur as a consequence of hypoglycaemia?		
b) can recognise the symptoms if they occur?		
c) has full awareness of hypoglycaemia? <i>i.e. is aware EVERY time his/her blood glucose is less than 3 mmol/l?</i>		

6. Are you satisfied that the applicant understands:

	Yes	No
a) how hypoglycaemia impairs driving ability?		
b) that he/she should not drive if blood glucose is less than 4 mmol/l?		
c) that if blood glucose is less than 5 mmol/l, carbohydrate should be taken before (re)commencing driving?		
d) that after treating a mild hypoglycaemic episode he/she should not drive at all for 45 minutes after normalisation of blood glucose? Normalisation of blood glucose should be confirmed by re-testing.		
e) that if he/she has a severe hypoglycaemic episode this must be reported to DVLA immediately and they should not drive a Group 2 vehicle?		

7. Are you satisfied that the applicant knows how to treat hypoglycaemia appropriately? Yes No

8. Does the applicant check his/her blood glucose at times relevant to driving (no more than 2 hours before the start of the first journey and every 2 hours while driving)? (Flash CGM monitoring is not satisfactory for this purpose) Yes No

9. Does the applicant keep fast acting carbohydrate within easy reach when driving?

10. Is there any complication or other medical condition that could affect safe driving?

If Yes, please give dates and details: _____

11. Taking into account the history from the applicant, do you consider him/her to be at significant foreseeable increased risk of severe hypoglycaemia? If Yes, please provide further details: Yes No

12. Any additional comments (if necessary) Yes No

I am a specialist in diabetes, registered with the General Medical Council or General Nursing Council.

I am **satisfied/not satisfied** (*delete as appropriate*) that this driver has adequate control, understanding and monitoring of their diabetes, consistent with the DVLA group 2 medical standard.

<p>Signature: _____</p> <p>Name: _____</p> <p>Date: _____</p> <p>GMC or GNC No: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table></p>									<div style="border: 2px solid black; width: 100%; height: 100%; display: flex; align-items: center; justify-content: center;"><p>Address Stamp</p></div>

Declaration by driver

1. I understand the risk of hypoglycaemia and will comply with the advice of my doctor or diabetes nurse who is supervising my treatment.
2. I regularly monitor my condition and, in particular, undertakes blood glucose monitoring at least twice daily and at times relevant to vocational driving (i.e. no more than two hours before the start of the first journey and every two hours whilst driving).
3. I have not had an episode of severe hypoglycaemia in the last 12 months.
4. I will immediately report to the licensing authority in writing any significant change in my condition, as required above.

Signed _____ Date _____