



Leicester
City Council

Annual Diabetic Report

This report needs to be filled in by the driver's registered GP for their renewal application.

It needs to be fully completed, stamped by the GP & returned to:
Licensing Authority, Leicester City Council, York House, 91 Granby Street,
Leicester, LE1 6FB or brought in with the driver's renewal appointment.

2 Diabetes mellitus

	YES	NO						
1. Does the applicant have diabetes mellitus?	<input type="checkbox"/>	<input type="checkbox"/>						
If YES, please answer the following questions.								
2. Is the diabetes managed by:-								
(a) Insulin?	<input type="checkbox"/>	<input type="checkbox"/>						
If YES, please give date started on insulin								
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">D</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">M</td> <td style="width: 20px; height: 20px;">Y</td> <td style="width: 20px; height: 20px;">Y</td> </tr> </table>			D	D	M	M	Y	Y
D	D	M	M	Y	Y			
(b) If treated with insulin, are there at least 3 months of blood glucose readings stored on a memory meter(s)?	<input type="checkbox"/>	<input type="checkbox"/>						
If NO, please give details in section 6								
(c) Other injectable treatments?	<input type="checkbox"/>	<input type="checkbox"/>						
(d) A Sulphonylurea or a Glinide?	<input type="checkbox"/>	<input type="checkbox"/>						
(e) Oral hypoglycaemic agents and diet?	<input type="checkbox"/>	<input type="checkbox"/>						
If YES to any of a-e, please provide list/details of current medication								
(f) Diet only?	<input type="checkbox"/>	<input type="checkbox"/>						
3. (a) Does the applicant test blood glucose at least twice every day?	<input type="checkbox"/>	<input type="checkbox"/>						
(b) Does the applicant test at times relevant to driving?	<input type="checkbox"/>	<input type="checkbox"/>						
(c) Does the applicant keep fast acting carbohydrate within easy reach when driving?	<input type="checkbox"/>	<input type="checkbox"/>						
(d) Does the applicant have a clear understanding of diabetes and the necessary precautions for safe driving?	<input type="checkbox"/>	<input type="checkbox"/>						
4. Is there any evidence of impaired awareness of hypoglycaemia?	<input type="checkbox"/>	<input type="checkbox"/>						
5. Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?	<input type="checkbox"/>	<input type="checkbox"/>						

Note to GP:

Section 3 (a) & (b) are only a requirement of Leicester City Council for drivers if you have ticked **YES** to Section 2 (a), (c) or (d)

6. Is there evidence of:-(a)

Loss of visual field?

(b) Severe peripheral neuropathy, sufficient to impair limb function for safe driving?

If **YES** to any of 4-6 above, please give details in **section 6**

7. Has there been laser treatment or intra-vitreous treatment for retinopathy?

If **YES**, please give date(s) of treatment.

<u>Last three HbA1c results</u>	
<u>Date</u>	<u>Result</u>

I confirm that the driver satisfies the DVLA Group 2 standards regarding Diabetes Mellitus

(This must be completed for form to be valid):

YES / NO

GP Surgery Stamp:

Date Completed

GP Signature & Print Name:

Driver Name:

Date of Birth:

DRV Number: