



**DIABETES MELLITUS**  
**SELF CERTIFICATION OF QUALIFYING CONDITIONS CONTAINED IN THE DVLA AT A**  
**GLANCE GUIDE TO THE CURRENT MEDICAL STANDARDS OF FITNESS TO DRIVE**  
**(INSULIN OR TABLET TREATED CONDITIONS)**

*Please complete in BLOCK CAPITALS and tick boxes where necessary*

<b>1</b>	Name	
<b>2</b>	Driver Number	
<b>3</b>	Date of Birth	
<b>4</b>	Is your diabetes treated by (please tick):	
	a) Insulin	<input type="checkbox"/>
	b) Tablets	<input type="checkbox"/>
	c) Diet only	<input type="checkbox"/>
<b>5</b>	If tablets please stipulate which type of tablet (please tick):	
	Diamicron	<input type="checkbox"/>
	Diamicron MR	<input type="checkbox"/>
	Amaryl	<input type="checkbox"/>
	Glibenese	<input type="checkbox"/>
	Minodiab	<input type="checkbox"/>
	Starlix	<input type="checkbox"/>
	Prandin	<input type="checkbox"/>
	If other please state:	
<b>6</b>	For insulin treated diabetics please give date insulin treatment commenced:	
<b><i>Please now complete either 7 A, B, or C depending on your current treatment:</i></b>		
<b>7. A</b>		
<b>For drivers that are insulin treated, on temporary insulin treatment</b>		
I am the above named person and certify that:		
i	I have had no episode of hypoglycaemia requiring the assistance of another person in the preceding 12 months.	<input type="checkbox"/>
ii	I have full awareness of hypoglycaemia including an understanding of the risks posed by this condition.	<input type="checkbox"/>

iii	I regularly monitor my blood glucose at least twice daily and at times relevant to driving using a glucose meter with a memory function to measure and record blood glucose levels.	<input type="checkbox"/>
iv	I will arrange to be examined every 12 months by a hospital consultant who specialises in diabetes.	<input type="checkbox"/>
v	At the above examination by the independent Consultant Diabetologist, I will require provide evidence of my blood glucose records for the preceding 3 months.	<input type="checkbox"/>
vi	I have no other debarring complications of diabetes such as a visual field defect.	<input type="checkbox"/>

## 7. B

**For drivers managed by tablets which carry a risk of inducing hypoglycaemia (this includes sulphonylureas and glynides).**

I am the above named person and certify that:

i	I have had no episode of hypoglycaemia requiring the assistance of another person in the preceding 12 months.	<input type="checkbox"/>
ii	I have full awareness of hypoglycaemia including an understanding of the risks posed by this condition.	<input type="checkbox"/>
iii	I regularly monitor my blood glucose at least twice daily and at times relevant to driving.	<input type="checkbox"/>
iv	I have no other debarring complications of diabetes such as a visual field defect.	<input type="checkbox"/>

## 7. C

**For those drivers managed by tablets which do not carry a risk of inducing hypoglycaemia (this includes sulphonylureas and glynides).**

I am the above named person and certify that:

i	I regularly monitor my blood glucose and at times relevant to driving.	<input type="checkbox"/>
ii	I am under regular medical review.	<input type="checkbox"/>

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<b>8</b>	I sign this form as an undertaking to comply with the directions of the doctor(s) treating my diabetes.	<input type="checkbox"/>
<b>9</b>	I will immediately report any significant change in my condition to the Licensing Authority.	<input type="checkbox"/>
<b>10</b>	I understand that if I knowingly give false information that I am liable to prosecution.	<input type="checkbox"/>
<b>11</b>	Signed: Name: Dated:	