

**THIS REPORT MUST BE COMPLETED BY A
CONSULTANT/GENERAL PRACTITIONER
IN THE PRESENCE OF THE APPLICANT**

Surname		All Forenames	
Mr/Mrs/Miss/Other			
1. Please give details of medical supervision for diabetes			
Date of interview			
Date of previous attendance			
Date of diagnosis and diabetes			
Date commenced insulin treatment			
2. Current insulin regime Please give details of medical supervision for diabetes			
3. Has the diabetes been stable for a period of at least one month.			
4. Are you satisfied that the applicant:			
(a) knows what symptoms can occur as a consequence of hypoglycaemia?			YES / NO
(b) can recognise these symptoms if they occur?			YES / NO
(c) can take appropriate action?			YES / NO
5. Has the applicant to your knowledge ever experienced hypoglycaemia while driving?			YES / NO
If YES, please give details			
6. Is there evidence of impaired awareness of hypoglycaemia in the past 12 months?			YES / NO
7. Is there a history of hypoglycaemia during waking hours in the last 12 months requiring assistance from a third party?			YES / NO
If YES, please give details			
8. Does the applicant know how to avoid hypoglycaemia while driving?			YES / NO

9. Does the applicant always carry an accessible supply of carbohydrate in his vehicle?	YES / NO
10. Does the applicant undertake daily blood glucose monitoring twice a day? And is a memory chip meter in use for such monitoring?	YES / NO
11. (a) Have you examined the applicant's blood glucose records for the past 3 months?	YES / NO
If NO, please explain why this was not done	
(b) Do the records confirm satisfactory control?	YES / NO
(c) If available, do the HbA1c readings correlate with the blood glucose records?	YES / NO
If NO, please give details	
12. Is there evidence of biochemical hypoglycaemia without symptoms (blood glucose below 3 mmol/l) on routine testing?	YES / NO
If YES, please give details	
13. Is there a history of alcohol misuse in the last 12 months?	YES / NO
14. Is there a history of drug misuse in the last 12 months?	YES / NO
15. Is there any diabetic complication or other medical condition that could affect safe driving of hackney carriage and private hire vehicles?	YES / NO
If YES, please give details	

<i>Please complete the questions below ONLY if you have the information already available from your records.</i>	
16. Is the corrected visual acuity in both eyes together worse than 6/12?	YES / NO
17. Does the applicant have any significant visual problem affecting BOTH eyes?	YES / NO
If YES, please give diagnosis	
18. Is the horizontal field less than 120 degrees?	YES / NO

CONSULTANT'S/GENERAL PRACTITIONER'S CERTIFICATION	
I have examined the person named in this report. I am satisfied that he/she fully understands the hazards of diabetes and driving and has a responsible attitude to the subject. Having regard to his/her medical history I consider he/she is suitable to hold a Hackney Carriage or Private Hire driving licence where he/she may be working unsociable hours and driving vehicles carrying fare-paying passengers.	
Name: (Block capitals please)	Hospital/Surgery Stamp:
Qualifications:	
Signed:	Date:



Licensing Department

licensing@teignbridge.gov.uk**MEDICAL FITNESS TO DRIVE**

We need the following information to enquire into your fitness to hold a driving licence. Please answer ALL the questions and sign and date the declaration and consent at the end. If possible, use **Black Ink**.

1. ABOUT YOURSELF

Surname	All Forenames
Mr/Mrs/Miss/Other	
Address	
Post Code:	Telephone No:
E-mail:	Mobile No:
Driver Number (if known)	Date of birth

2. ABOUT YOUR DOCTOR

Name of Family Doctor	Name of Group Practice
Address	
Post Code:	Telephone No. (if known):

3. ABOUT YOUR DIABETIC CLINIC OR EYE CLINIC

NOTE: IF THIS SECTION DOES NOT APPLY TO YOUR – GO TO QUESTION 4.

(a) DIABETIC CLINIC

Consultant/General Practitioner	Hospital Record No.
Hospital or Surgery Address	
Post Code:	Telephone No. (if known):

Give dates (approx.) of attendance within last 12 months

(b) EYE CLINIC	
Consultant	Hospital Record No.
Hospital Address	
Post Code:	Telephone No. (if known):
Give dates (approx.) of attendance within last 3 years	

4. ABOUT HOSPITAL ATTENDANCE WITHIN THE PAST 3 YEARS	
If you have attended Hospital within the past 3 years for any medical reason, please give details below. We need to know only about medical conditions which could affect your fitness to drive.	
Reason for Attendance	
Name of Doctor or Consultant	Hospital Record No.
Hospital Address	
Post Code:	Telephone No. (if known):
Date(s) of attendance (approx.) within past 3 years	

Signed:	Date:



Licensing Department
licensing@teignbridge.gov.uk

**IF YOU KNOWINGLY GIVE FALSE INFORMATION
YOU ARE LIABLE TO PROSECUTION**

Please answer ALL questions. If you wish to add anything extra please write on a separate sheet. If you have difficulty answering any questions, may I suggest you seek help from your doctor.

Surname	All Forenames
Mr/Mrs/Miss/Other	
1. Can you read a car number plate (with or without corrective lenses) from 20.5 metres (67 feet)?	YES / NO
2. Has your Diabetes Mellitus been stable for at least a month?	YES / NO
3. Do you attend for a diabetic check-up at least once a year?	YES / NO
4. Do you test your own blood glucose levels at least twice daily and at times relevant to driving, and use memory chips for such monitoring?	YES / NO
If YES, please ensure details are completed at section 3 on the other sheet.	
5. Have you had an episode of hypoglycaemia while driving requiring the assistance of a third party?	YES / NO
6. Have you had an episode of hypoglycaemia without warning, while awake, in the last 12 months requiring assistance from a third party.	YES / NO
7. Have you had a severe episode of hypoglycaemia in the last 12 months?	YES / NO
If YES, to question 5,6, and/or 7, please give dates/details	
8. Do other people recognise that you are developing hypoglycaemia before you do?	YES / NO
If YES, please give dates/details	
9. Have you needed help from someone else to avoid/treat an episode of hypoglycaemia in the last 12 months?	YES / NO
For example, someone <u>telling you</u> that you need to eat, to help you to take some carbohydrate, to give you an injection or to call an ambulance or medical help. If YES, please give dates/details	
10. (a) Please state, in order of occurrence, the symptoms of hypoglycaemia you experience.	
(b) If these symptoms were to occur while driving, what would you do?	

11. Do you carry readily available carbohydrate while driving?	YES / NO
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12. ABOUT YOUR EYESIGHT IS THERE EVIDENCE OF	
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(a) Loss of visual field?	YES / NO
(b) Severe peripheral neuropathy sufficient to impair limb function for safe driving?	YES / NO
(c) Diminished/absent awareness of hypoglycaemia?	YES / NO
(d) Has there been laser treatment for retinopathy?	YES / NO

If YES, please give details and the date of your last treatment.

(e) Have you had a retinal detachment affecting both your eyes?	YES / NO
(f) Is your field of vision reduced?	YES / NO

If YES, has your visual field become worse since your last licence was issued?	YES / NO
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Please give details

ABOUT OTHER MEDICAL CONDITIONS	
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13. As a result of your medical condition, do you (or will you) drive a vehicle fitted with special controls or automatic transmission that enables you to overcome the effect of the condition?	YES / NO
14. Have you misused alcohol or suffered from an alcohol-related disease within the last 3 years?	YES / NO
15. Have you misused drugs or chemical substances in the last 3 years?	YES / NO
16. Do you have any other medical condition that may affect your fitness to drive?	YES / NO

If YES, please give details

I hereby certify that I will comply with the directions of the Doctors treating/supervising my diabetes treatment and I will report immediately in writing any significant change in my diabetic condition to Teignbridge District Councils Licensing Department and to provide to the Council, as and when necessary, evidence that blood glucose monitoring is being undertaken at least twice daily and at times relevant to driving a taxi or private hire vehicle during employment. And will use memory chip meters for such monitoring.

Signed:	Date:
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Please ask for: Licensing Officer
licensing@teignbridge.gov.uk

My Reference: HC03/HC

Your Reference:



Consent and Declaration (APP FORM 3)

This section **MUST** be completed and must **NOT** be altered in any way.

Please sign the statements below

I authorised my Doctor(s) and Specialist(s) to release reports to the Licensing Officer at Teignbridge District Council about my medical condition.

I authorise the Licensing Officer at Teignbridge District Council to disclose relevant medical information about me to Doctors or Paramedical staff as necessary in the course of medical enquiry into my fitness to drive.

I declare that I have checked the details I have given on the enclosed questionnaire and that to the best of my knowledge they are correct.

Signed:	Date:

Note About Consent

You will see that we have asked for your consent, not only for the release of medical reports from your doctors, but also we might very occasionally release medical information to Doctors or Paramedical staff, either because we wish you to be examined, and the doctor needs to know the medical details, or because we require further information or advice. You need to understand quite clearly how we define paramedical staff. Some applicants need to be assessed in Driving Assessment Centres who employ Occupational Therapists, Physiotherapists, Orthoptists and experienced driving instructors, all of whom need to understand about an applicant's medical condition in order to be able to produce a helpful report. Only occasionally do we need to do this and it may well not apply in your case. We never under any circumstances release information, which is not relevant to fitness to drive, nor would we expect to receive this from your doctors.

We hope you will find this helpful and reassuring and will return the signed consent so that we might proceed with our investigations.