

## MEDICAL ASSESSMENT FOR DIABETES

### Hackney Carriage and/or Private Hire Driver

#### Driver Details

Full Name		Date of Birth	
Address		Home Tel:	
		Mobile Tel:	
Postcode			

The above is a licensed Hackney Carriage and/or Private Hire Driver with Winchester City Council. This Council has adopted the recommendation by the DVLA that all licensed drivers must meet the Group 2 DVLA medical standards of fitness to drive.

Driver & Vehicle Licensing Agency's publication "Assessing fitness to drive: a guide for medical professionals" is available on the DVLA's website at: <https://www.gov.uk/guidance/assessing-fitness-to-drive-a-guide-for-medical-professionals>).

**The following must be completed by a medical practitioner / nurse who has access to the driver's medical history relating to diabetes mellitus.**

*Please tick ✓ the appropriate boxes*

	Yes	No
Is the diabetes managed by -		
(a) Insulin?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>Yes</b> , please give date started on insulin		
(b) Other injectable treatments?	<input type="checkbox"/>	<input type="checkbox"/>
(c) Oral hypoglycaemic agents and diet?	<input type="checkbox"/>	<input type="checkbox"/>
(d) Diet only?	<input type="checkbox"/>	<input type="checkbox"/>
Is there evidence of diminished awareness of hypoglycaemia?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a history of hypoglycaemia in the last 12 months requiring the assistance of another person?	<input type="checkbox"/>	<input type="checkbox"/>
If <b>Yes</b> , please provide details on the next page.		

Continued on reverse...

**Any further details:**

**To be completed by the medical practitioner carrying out the examination.**

Full Name	<input type="text"/>	Surgery Stamp
Address	<input type="text"/>	<input type="text"/>
	<input type="text"/>	
	<input type="text"/>	
Postcode	<input type="text"/>	

**IMPORTANT – Failure to answer the questions below will invalidate the form.**

*Please tick ✓ the appropriate boxes*

	Yes	No
I confirm that I have access to the driver's medical history relating to diabetes mellitus	<input type="checkbox"/>	<input type="checkbox"/>
I consider that the applicant meets the criteria for Group 2 vocational driver's licence.	<input type="checkbox"/>	<input type="checkbox"/>

Practitioner / Nurse Signature	<input type="text"/>	Date	<input type="text"/>
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