

# DIABETIC QUESTIONNAIRE



THE FOLLOWING QUESTIONS MUST BE COMPLETED BY THE DRIVER

Policy Holder: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Name (Mr/Mrs/Miss): \_\_\_\_\_ Age: \_\_\_\_\_

1 a)	Do you hold a full driving licence?	Yes/No
1 b)	Is your licence restricted?	Yes/No
If YES how –		
1 c)	Period held.	Yrs
1 d)	Date licence expires.	/ /
1 e)	Have Swansea or other appropriate authority been advised that you have a diabetic condition?	Yes/No
2	Age at diagnosis of condition.	
3	Has the condition stabilised?	Yes/No
4	Is treatment by: a) Diet alone. b) Diet and medication. c) Diet and insulin.	Yes/No Yes/No Yes/No
With regard to medication and insulin, please advise full details and dosage:-		
5	Are you under periodic supervision by: a) A specialist clinic. b) Your general practitioner.	Yes/No Yes/No
6	Has your diabetic condition resulted in any deterioration in the state of your: a) Eyesight. b) General physical condition.	Yes/No Yes/No
If YES please give details:-		
7	Have you ever had any hypoglycaemic / hyperglycaemic attacks?	Yes/No
If YES please give details including type of diabetic attack:-		
8	Have you ever been incapacitated due to a hypoglycaemic / hyperglycaemic attack?	Yes/No
If YES how often has this occurred in the last 12 months?		

I declare that to the best of my knowledge and belief I am medically fit to drive a motor vehicle and have disclosed my condition to my General Practitioner who has indicated that I am fit to drive a motor vehicle.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_