

Medical statement for drivers with tablet-controlled diabetes

Licensing requirements for holding a group 2 licence (lorries and buses) and taxis require people with diabetes treated by certain tablets as shown below to obtain a statement from their doctor and make a declaration themselves. Please obtain a statement from your doctor as below, and please sign the second declaration yourself.

Sulphonylureas, including the following Chlorpropamide, Glibenclamide, Gliclazide, Glimepiride Glipizide, Glibense, Tolbutamide	Glinides, which include the following tablets Nateglinide also known as Starlix Repaglinide also known as Prandin
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You must have attended an examination by a doctor such as your GP who must sign the following statement.

Driver's name _____ Date of birth _____	
This person has attended an examination with me. I am a registered medical practitioner. I confirm that he/she: <ol style="list-style-type: none">1. has a history of responsible diabetic control and currently has a minimal risk of impairment due to hypoglycaemia.2. has full awareness of hypoglycaemia;3. has not, during the period of one year immediately preceding the date when the licence is granted, had an episode of severe hypoglycaemia; and4. regularly monitors his or her condition and, in particular, undertakes blood glucose monitoring at least twice daily and at times relevant to driving	
Signature of doctor and date:	
Name, address and authentication stamp of doctor:	

You must also sign the following declaration yourself:

Drivers name: _____ Date of birth: _____	
<ol style="list-style-type: none">1. I understand the risk of hypoglycaemia and will comply with such directions regarding treatment for diabetes as may from time to time be given by the registered medical practitioner overseeing that treatment, or one of the clinical team working under the supervision of that registered medical practitioner;2. I will immediately report to the licensing authority in writing any significant change in my condition and will follow the advice of my registered medical practitioner, or one of the clinical team working under the supervision of that registered medical practitioner, concerning fitness to drive.	
Signature and date:	