

# DIABETIC QUESTIONNAIRE



**THE FOLLOWING QUESTIONS MUST BE COMPLETED BY THE DRIVER**

**Policy Holder:** ..... **Policy No.:** .....  
**Name (Mr/Mrs/Miss):** ..... **Age:** .....

<b>1 a)</b>	Do you hold a full driving licence?	Yes/No
<b>1 b)</b>	Is your licence restricted?	Yes/No
If YES how –		
<b>1 c)</b>	Period held.	Yrs
<b>1 d)</b>	Date licence expires.	/ /
<b>1 e)</b>	Have Swansea or other appropriate authority been advised that you have a diabetic condition?	Yes/No
<b>2</b>	Age at diagnosis of condition.	
<b>3</b>	Has the condition stabilised?	Yes/No
<b>4</b>	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:-		
<b>5</b>	Are you under periodic supervision by: a) A specialist clinic. b) Your general practitioner.	Yes/No Yes/No
<b>6</b>	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:-		
<b>7</b>	Have you ever had any hypoglycaemic / hyperglycaemic attacks?	Yes/No
If YES please give details including type of diabetic attack:-		
<b>8</b>	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:** .....