Newfoundland Labrador

Diabetic Questionnaire

Your Details

Name ____________________ Driver's Licence # ____________________

To be completed by your Physician:

1. Insulin Dependent Diabetes Yes ☐ No ☐

If yes, date started on Insulin: ____________________

Type & dosage of Insulin: ____________________

OR

Non-Insulin Dependent Diabetes Yes ☐ No ☐

Type & dosage of Oral hypoglycemics: ____________________

2. Does the patient have a full understanding of diabetes and the close relationship between insulin dose, diet and exercise? Yes ☐ No ☐

3. Does the patient know how to increase his/her target glucose values during shift work? Yes ☐ No ☐

4. Does the patient follow doctor's directions about proper care of diabetes? Yes ☐ No ☐

5. Does the patient experience early warning symptoms of hypoglycemia? Yes ☐ No ☐

6. Has the patient experienced a severe hypoglycemic episode (any episode requiring outsider intervention)? Yes ☐ No ☐

If yes, please provide date of last episode: ____________________

7. Does the patient monitor his/her blood sugar levels? Yes ☐ No ☐

If "No" please provide results of glycosylated hemoglobin blood level within the last 3 months. State normal values of test performed.

8. In your opinion are the blood sugar values satisfactory? Yes ☐ No ☐

9. Is there any indication of peripheral neuropathy severe enough to impair the ability to drive? Yes ☐ No ☐

10. Are there any cardiovascular problems? Yes ☐ No ☐

If "Yes", please give details ____________________

11. Are there any visual/retinopathy problems? Yes ☐ No ☐

If "Yes", please give details ____________________

12. Do you recommend that the patient's driving be restricted? Yes ☐ No ☐

If "Yes", please state recommendations

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Name and address of Physician/Nurse Practitioner:

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Signature ____________________ Telephone (office) ____________________

Date of Examination ____________________

Under the authority of the Highway Traffic Act (*HTA*), personal information will be collected for the purpose of issuing a Newfoundland and Labrador Driver's Licence. Section 6 allows Motor Registration Division to disclose an applicant's personal information to other health professionals for the purpose of medical assessments related to driving requirements. Questions can be directed to the Medical Section at (709) 729-0345 or 1-877-636-6867.

Driver's Signature authorizing release of information and certifying it as correct.

Driver's Signature ____________________

11-2021