

SECTION C - EXAMINATION

DESIGNATED MEDICAL EXAMINER to complete this section.

1. Weight Kg

Increase/decrease in the last year. Kg

3. Fundi: Arterioles

Evidence of retinopathy (haemorrhages)
(exudates)

5. Skin infections.

6. Evidence of neuropathy. Reflexes

Sensation

2. Blood pressure: (minimum 2 readings lying and standing - 5th phase – to nearest 2mm of Hg)

LYING (L)				STANDING (S)			
Pulse Rate	B.P.1	B.P.2	B.P.3	Pulse Rate	B.P.1	B.P.2	B.P.3
<input type="text"/>							

4. Peripheral pulses present?

Dorsalis Pedis L NO YES R NO YES
Posterior Tibial L NO YES R NO YES

SECTION D – INVESTIGATIONS (in m.mol/L) (To be completed by

1. Urine. Albumen Sugar at (hours after meal)

2. Blood Sugar Series: (m.mol/L)

Date: <input type="text"/>	Time <input type="text"/>	<input type="text"/>	m.mol	Date <input type="text"/>	Time <input type="text"/>	<input type="text"/>	m.mol
	Time <input type="text"/>	<input type="text"/>	m.mol		Time <input type="text"/>	<input type="text"/>	m.mol
	Time <input type="text"/>	<input type="text"/>	m.mol		Time <input type="text"/>	<input type="text"/>	m.mol

3. Cholesterol. Creatinine. Uric acid.

4. Other. Give results of any chest X-ray, E.C.G., or other relevant investigations in the past year with dates and findings.

SECTION E – OPINION (To be completed by D.M.E)

- Do you believe the applicant is conscientiously following instructions concerning treatment, and is under regular surveillance? NO YES
- Is diabetes satisfactorily controlled? NO YES
- Do you consider the applicant fit for licence:
 - with normal licence validity? NO YES
 - with reduced validity? NO YES
 - if reduced validity, state suggested period in months. Months

4. **ADDITIONAL COMMENTS.**

DATE:

SIGNATURE:

ADDRESS: