Flight crew / ATCO
Special report-diabetes

- MEDICAL IN CONFIDENCE -

ITEMS 1-10 TO BE COMPLETED BY APPLICANT

1. CAA Client / Licence Number: *(if known)*			2. Date of Birth *(dd.mmm.yyyy)*	Click here to enter a date.	
3. Title: *(Mr/Mrs/Miss)*	...	4. Family Name:			
5. Last Name:		6. Given Name:			
7. Country of Birth:			8. Nationality:		
9. Postal Address:					
10. Class(es) of Licence Applied for (tick)	(a) CPL ATPL ☐	(b) PPL ☐	(c) ATCO ☐	(d) Other (specify)	

NOTE - The **APPLICANT** should answer the questions in **SECTION A** - The **MEDICAL PRACTITIONER** supervising the diabetic condition is requested to complete **SECTION B** and forward, (including the results of appropriate tests) to the Designated Medical Examiner who will complete the remainder of the form.

SECTION A: APPLICANT to complete this section. For NO YES delete answer which does not apply- e.g. ~~NO~~ YES

FIRST VISIT ONLY. 1. Give details of any family history of diabetes...		… or of arterial or heart disease, stroke or high blood pressure in your parents, brothers or sisters.	
2. (a) What was the date diabetes was first diagnosed?		(b) What symptoms did you have then?	
ALL VISITS 3. (a) Who is the doctor who sees you for your diabetes?		(b) How often do you consult your doctor about your diabetes?	
4. Are you on a diabetic diet?	NO YES If so, give details here.		
5. If you still your urine, how much sugar is there usually in the early morning (fasting urine)?			
7. (a) Have you had any tablets or injections for diabetes in the last year?		(b) What drug? Dose in mg or units: How often daily?	
NO YES (If yes, answer (b))			
8. Do you smoke?	NO YES	If yes, how many cigarettes or pipes daily?	
Signed		Date *(dd.mmm.yyyy)*	Click here to enter a date.
(Applicant's Signature)			

SECTION B: SUPERVISING MEDICAL PRACTITIONER to complete this section.

1. (a) Does the applicant see you regularly for supervision?		(b) How often have you seen the applicant in the past year for supervision of diabetes?	
NO YES			
2. Please comment on and amplify the answers given by the applicant in Section A above (it necessary annotating them)			
3. What confirmation have you of the degree of blood sugar control?			
4. Have there been any adverse reactions (hypoglycaemia etc.)?		5. Are there any features suggesting coronary artery disease? (Detail)	
NO YES		NO YES	
Signed		Date *(dd.mmm.yyyy)*	
(Medical Practitioner's Signature)			

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SECTION C - EXAMINATION

DESIGNATED MEDICAL EXAMINER to complete this section.												
1. Weight		Kg			2. Blood pressure: (minimum 2 readings lying and standing -5th phase-to nearest 2mm of Hg)							
Increase/decrease in the last year.		Kg			**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
3. Fundi: Arterioles												
Evidence of retinopathy (haemorrhages		)	4. Peripheral pulses present?									
(exudates		)	Dorsalis Pedis	L	NO YES	R	NO YES					
			Posterior Tibial	L	NO YES	R	NO YES					
5. Skin infections.												
6. Evidence of neuropathy.	Reflexes											
	Sensation											

SECTION D - INVESTIGATIONS (in m.mol/L) *(To be completed by D.M.E.)*

1. Urine.	Albumen		Sugar		at		(hours after meal)				
2. Blood Sugar Series: (m.mol/L)											
Date:		Time			m.mol.	Date:		Time			m.mol.
(dd.mmm.yyyy)		Time			m.mol.	*(dd.mmm.yyyy)*		Time			m.mol.
		Time			m.mol.			Time			m.mol.
3. Cholesterol.		Creatinine.		Uric acid.							
4. Other. Give results of any chest Xray, 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)*

1. Do you believe the applicant is conscientiously following instructions concerning treatment, and is under regular surveillance?	NO YES
2. Is diabetes satisfactorily controlled?	NO YES
3. 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.	

MEDICAL - IN CONFIDENCE
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