

Let's Talk About...

Diabetes and Driving: Staying safe behind the wheel

A big moment for anyone is getting that ticket to freedom — a license to drive. But if you have diabetes, you have to show that you know more than just the rules of the road to get a driver's license. You will also need to show your healthcare provider that you can check and follow these things:



Check before you drive



Keep your A1c below 9%.



Check your blood glucose at least 4 times a day, and always check it before you drive. Keep a blood glucose meter with you so you can check quickly and easily. Test your blood glucose regularly if you're driving long distances. **If your glucose is less than 90 mg/dL, treat with 15 grams of carbs and retest before driving.**



Calibrate your CGM as required.

You must wear your CGM 90% of the time and understand your trends. Be prepared to test low blood sugars with your meter.



Always keep fast-acting carbs in the car. Some examples include glucose tablets, soda (not diet), fruit juice, sports drinks, and fruit chews. If you start to feel funny while behind the wheel, pull over right away and treat if needed.



Know the signs of hypoglycemia.

Common signs are:



- Weakness or exhaustion
- Feeling nervous or sick to your stomach
- Shakiness or trembling
- Feeling sweaty, dizzy, or confused
- Problems seeing well
- Headaches or hunger

Follow these rules to stay safe



DON'T DRIVE if you are having symptoms. Even mild hypoglycemia can make it hard to react quickly in a dangerous situation. Severe hypoglycemia can make you pass out. If this happens when you are driving, you, your passengers, or anyone else on the road could be injured or killed.



20 min
WAIT

WAIT AT LEAST 20 MINUTES TO DRIVE AFTER TREATING FOR HYPOGLYCEMIA. Test your glucose before you start driving again. Don't drive until it's above 90 mg/dL.



Wear a medical ID that is easily seen. The information in your pump and smartphone is not enough. If you are in a crash, they might get tossed or lost.



Always wear a seat belt, and make sure that your passengers are also wearing one.

Know the law

When you fill out an application for a driver's license in Utah, you will be asked if you have diabetes. You must check the "yes" box. Your doctor will need to fill out a form showing that you take care of your diabetes and are not a driving risk before you can get your driver's license.

After you get your license, your doctor will be asked to fill out that same form every year. If your diabetes is not well-controlled, your driver's license could be suspended.

If you live outside of Utah, you can find out what the rules are in your state by going to this website:

diabetes.org/resources/know-your-rights/drivers-licenses-laws.

FUNCTIONAL ABILITY EVALUATION MEDICAL REPORT

UTAH DRIVER LICENSE DIVISION
P O BOX 144501
SLC UT 84114-4501
Phone Number: (801) 957-8690
Fax Number: (801) 957-8698

TOP PORTION MUST BE COMPLETED AND SIGNED BY APPLICANT

Last Name _____ First Name _____ Middle or Maiden Name _____ Date of Birth _____ Driver License or DPC # _____

By signing this form, I authorize my healthcare professional(s) to disclose specific health information regarding my physical, mental and emotional condition relevant to my ability to safely operate a motor vehicle, to the Utah Driver License Division.

I understand that if I fail to sign this authorization my driving privilege may be affected. I understand that this information will be classified as a private record in accordance with GRAMA (UCA 63G-2-202). Individuals who are entitled to have a "private" record disclosed to them are limited to the subject of the record, a parent or legal guardian of an unemancipated minor or legally incapacitated individual, an individual with power of attorney or a notarized release signed by the subject of the record, or an individual with a court or legislative subpoena.

APPLICANT'S SIGNATURE: _____ **Date:** _____

Form will not be processed without signature

BOTTOM PORTION TO BE COMPLETED AND SIGNED BY HEALTH CARE PROFESSIONAL

The following safety assessment level is for use in determining driving privileges. It is consistent with the current edition of **Functional Ability in Driving: Guidelines and Standards for Health Care Professionals**. Please indicate level below with a check mark and your initials.

Safety Assessment Level	A Diabetes & Metabolic Condition <input type="checkbox"/> Yes <input type="checkbox"/> No <i>On Insulin</i>	B Cardio-Vascular & High Blood Pressure	C Pulmonary <input type="checkbox"/> Inhaler Only <input type="checkbox"/> Oxygen w/Driving	D Neurologic	E Seizures or Episodic Conditions <input type="checkbox"/> Date of last seizure _____?	F Learning Memory	G Psychiatric or Emotional Condition	H Alcohol & Other Drugs	J Musculo-skeletal/ Chronic Debility	K Alertness or Sleep Disorders	L <input type="checkbox"/> Hearing <input type="checkbox"/> Balance
1											
2											
3											
4											
5							N/A				
6				N/A	N/A			N/A	N/A	N/A	
7					N/A						
8											

Please indicate if any of the following apply to this medical review:

Non-standard review time frame _____

Safety Assessment categories not marked are relevant and should be completed by another health care professional. Please list categories which are of concern: _____

I recommend this driver complete a driving skills test in an appropriate vehicle. (Drive test is not available for level 8)

Recommended Restrictions:

ADD **OR** REMOVE

Speed-posted 40 mph or less Area

Oxygen while driving Daylight only

Date form is completed _____ **Printed Name of Health Care Professional and Degree** _____ **Signature & initials** _____ **State License Number** _____
(Must be submitted to Driver License within 6 months)

Street Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax Number _____

Doctor's Comments _____

There are special considerations I would like to discuss with a representative of the Division.

Date form is completed _____ **Printed Name of Health Care Professional and Degree** _____ **Signature & initials** _____ **State License Number** _____
(Must be submitted to Driver License within 6 months)

Street Address _____ City _____ State _____ Zip Code _____ Telephone _____ Fax Number _____

Doctor's Comments _____

There are special considerations I would like to discuss with a representative of the Division.

For more information regarding the medical program or to view current medical guidelines, please visit:
www.driverlicense.utah.gov

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Questions for my healthcare provider

Intermountain Healthcare complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Se proveen servicios de interpretación gratis. Hable con un empleado para solicitarlo. 我們將根據您的需求提供免費的口譯服務。請找尋工作人員協助。