

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 to get a driver's license, you need to be able to show your diabetes care providers—and the state—that you know how to keep yourself and others safe while driving. This is especially true if you have a medical condition that could affect your judgement and skill.



Check before you drive



Check your blood glucose regularly. Wear a CGM at least 80% of the time OR test blood glucose at least 4 times a day before meals and bedtime.



Always check blood glucose (meter or CGM) before your drive. Test your blood glucose often if you are driving long distances. Pull over right away if you feel low. **If your blood glucose is less than 80 mg/dL**, treat with carbohydrates, and wait to drive until blood glucose is above 80 mg/dL.



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.

You **MUST** tell your diabetes care provider anytime you pass out or need help from someone because of low blood sugar.



15 min
WAIT

WAIT AT LEAST 15 MINUTES TO DRIVE AFTER TREATING LOW BLOOD SUGAR. Test your glucose before you start driving again. Do not drive until it is above 80 mg/dL.



Wear a medical ID that is easily seen so that you get the proper medical treatment in case of an emergency. **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. The Department of Motor Vehicles (DMV) will give you a form that needs to be signed by you and your doctor. By signing, you are showing the DMV that you take care of your diabetes and are not a driving risk.

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, or you do not turn in the form, your driver's license could be suspended.

If your diabetes provider feels that you are not managing your diabetes responsibly, they do not have to sign the DMV form. Additionally, they are required to report you to the DMV if you do not follow the recommended diabetes safety guidelines or if they believe you are not a safe driver.

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"/> On Insulin <input type="checkbox"/> Yes <input type="checkbox"/> No	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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Notes

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