

## Specification for DIABETES REPORTS

The following headings are for guidance purposes only and should not be taken as an exhaustive list. All relevant information should be reported.

(Please note that the European Regulations and UK CAA's Guidance Material for fitness decision, acceptable treatments and required investigations (if specified) can be found in the medical section of the CAA website ([www.caa.co.uk/medical](http://www.caa.co.uk/medical)) then click on 'decrease in medical fitness' for the relevant class of certificate). For many conditions, there are also flow charts available for guidance on the assessment process.)

### 1. Diagnoses

Type  
Comorbidities

### 2. Presenting History and initial Investigation and Treatment (initial report only)

Presenting complaint and symptoms (including date of diagnosis)  
Nature of condition, circumstances surrounding onset, precipitating factors

### 3. Progress since last report

Review and management of glucose monitoring, correlated with symptom review  
Changes to treatment  
Number of severe hypoglycaemic episodes in past year  
Loss of hypoglycaemic awareness  
Other relevant medical history  
Current treatment

### 4. Screening Examination and Investigation Findings

- Blood tests
  - HbA1c
  - Liver and Renal Function (eGFR and ACR)
  - Lipids
- Screening for Complications
  - Retinopathy report including gradings (for Class 1 and 3 by an ophthalmologist/specialist clinic)
  - Neuropathy
  - Nephropathy
  - Cardiovascular risk assessment confirming no evidence of cardiovascular disease
    - See requirement for periodic exercise testing
    - Risk factors including family history, smoking, alcohol intake and weight (BMI)
    - Blood Pressure within acceptable parameters (British Hypertension Guidelines)

### 5. Follow up and further investigations/referrals planned or recommended

Anticipated follow up/frequency of clinical reviews and investigations  
Confirmation disease is well controlled at date of report on stable dose of acceptable medication

### 6. Clinical Implications

Any concerns regarding disease progression, treatment compliance or risk of sudden incapacity