Diabetes report specification

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) 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 (incl 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