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PATIENT NAME _____ DATE: _____

PATIENT DATE OF BIRTH: _____

Your patient has a bus driver physical coming up and additional information is needed for the physical.

INSULIN DEPENDENT DIABETES FORM

1. When was the patient diagnosed with diabetes? _____
2. When was the patient started on insulin? _____
3. Has the patient maintained at least three months of ongoing blood glucose monitoring using an electronic glucometer that stores readings and can be downloaded? _____
4. Have you reviewed at least three months of electronic readings? _____
5. How many times per day is the individual testing his/her blood glucose? _____
6. Is the patient compliant with blood glucose self monitoring based on his/her specific treatment plan? ____
7. Is the patient compliant with medical appointments & how often is the patient monitored? ____ ____
8. What and when was the patient's last HgA1c? _____
9. What medications is the patient taking? _____

10. Is the treatment efficacious? _____
11. Is the driver tolerant of the medications? _____
12. Is the treatment adequate, effective, safe and stable? _____
13. Has the patient had any hypoglycemic episodes in the past year? ____ Five Years ____
14. Does the patient have Peripheral Neuropathy, Retinopathy, or Nephropathy or other target end organ damage? _____ If yes, Explain: _____
15. Does the patient have renal disease or insufficiency? _____

PATIENT NAME _____ DATE: _____

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16. Does the patient have cardiovascular disease history? _____ If yes, please explain:

17. Does the patient have neurological disease or autoimmune neuropathy? _____ If yes, please explain:

18. Does the patient have any lower limb issues such as infections, amputations, neuropathy? _____

19. When was the patients last comprehensive ophthalmologic exam? _____

20. Does the patient have any diagnosis of retinopathy? _____ If yes, Please explain:

21. Has the patient been diagnosed with any other progressive eye diseases such as macular degeneration, cataracts, glaucoma? _____ If yes, please explain:

22. Does the driver have any current limitations? _____ If Yes, Explain

23. In your medical opinion does this drivers condition increase the risk for sudden death or incapacitation thus endangering public safety? _____

24. Given your knowledge of the patient's medical conditions, is it your medical opinion that they are safe to operate a school bus? _____

Signature: _____ Date _____

Office Stamp with Physician Name, address and phone number: