



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER AND VEHICLE SERVICES

445 Minnesota Street
Saint Paul, MN 55101-5170
Phone: (651) 296-2021
Web: dps.mn.gov/divisions/dvs

Insulin-Treated Diabetes Mellitus Report

Please read the instructions on the back of this form carefully before completing.

DRIVER COMPLETES THIS SECTION (PRINT OR TYPE)

DL Number (OMIT DASHES)

Date of Birth (mm/dd/yy)

First Name

Middle Name

Last Name

1. While driving, operating or in physical control of a motor vehicle, have you had an episode of loss of consciousness due to diabetes? Loss of consciousness means being unable to assume and retain an upright posture without support or being unable to overcome diabetic symptoms without assistance.

Yes checkbox

No checkbox

If yes, date (mm/dd/yy)

2. Have you had other non-driving related episodes of loss of consciousness? Yes/No checkboxes

I certify that the information provided above is accurate. I understand that any episode of loss of consciousness that occurs while driving, operating or in physical control of a motor vehicle must be reported to the Minnesota Department of Public Safety, Driver and Vehicle Services. The report must be made within 30 days of the episode. If I fail to make this report within 30 days, I understand that it will result in the loss of my driving privileges.

Signature

Date (mm/dd/yy)

PHYSICIAN MUST COMPLETE

Note to Reporting Physician: Your report is advisory. Driver and Vehicle Services is responsible for determining eligibility to drive.

1. Diagnosis Date (mm/dd/yy)

2. Treatment/Medication

3. Is the patient cooperating with treatment? Yes/No checkboxes

4. Prognosis for control of the person's diabetic condition.

5. To your knowledge, is the patient qualified, in all medical respects, to exercise reasonable and ordinary control over a:

Motor vehicle? Yes/No checkboxes

Commercial Vehicle? Yes/No checkboxes

Comments:

Comments:

6. A review examination should be required every (check one): 4 years 3 years 2 years 1 year 6 months

7. A six-month or annual review is required until episode-free for four years. No recommendation results in four year review, if eligible.

Signature

Date (mm/dd/yy)

Printed name:

Phone (INCLUDE AREA CODE)

Address:

## INSTRUCTIONS

- Mail the completed form to Driver and Vehicle Services, Driver Evaluation Unit, 445 Minnesota Street, St. Paul, Minnesota 55101-5170.
- If you have questions or need additional information, please contact DVS at (651) 296-2021, (651) 282-6555 (TTY) or email: [drivers.licenses@state.mn.us](mailto:drivers.licenses@state.mn.us)
- The requested information is needed to determine if your medical condition may interfere with your ability to safely operate a motor vehicle. If your driving privileges are canceled based on the information provided by you or your physician, you have the right to a review by the Diabetic Medical Review Board. Requests for a review must be submitted in writing to Driver and Vehicle Services at the address listed above.
- Reporting requirements for drivers with insulin-treated diabetes are established in Minnesota Rules, chapter 7410. Failure to provide complete and accurate information will result in the loss of your driving privileges.

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### MINNESOTA RULE 7410.2610 - INSULIN-TREATED DIABETES MELLITUS

Subp. 3.

Reporting diagnosis of insulin-treated diabetes or episode.

A person shall report a diagnosis of insulin-treated diabetes or an episode, in writing, to the department as follows:

A. after a diagnosis of insulin-treated diabetes:

- (1) at the time of applying for a driver's license; and
- (2) within 30 days after the diagnosis;

B. for a driving-related episode:

- (1) within 30 days after the episode; and
- (2) on a regularly scheduled physician's statement as required in subpart 3a; and

C. for a non-driving-related episode, on a regularly scheduled physician's statement as required in subpart 3a.

If a person has reason to know the requirements of items A and B, and willfully fails to report or willfully makes a material misrepresentation to the department concerning the person's diabetic condition, the commissioner shall suspend the person's driver's license for six months. The six-month suspension period will begin within 30 days from the date the department discovers the failure to report or misrepresentation.

Subp. 3a.

Physician's statement required.

A physician's statement, on a form prescribed by the commissioner, is required:

A. after the person:

- (1) is diagnosed as having insulin-treated diabetes; or
- (2) has a driving-related episode under subpart 3; and

B. every six months until the person has been episode free for a year; and then

C. annually until the person has been episode free for four years; and then

D. every four years; and additionally

E. as recommended by the physician or by the department.

The six-month, one-year, or four-year period will begin from the date the most recent physician's statement has been received and approved by the department. During a period of cancellation or suspension under this part, the department shall not require a physician's statement until the end of the cancellation or suspension period.

If a person fails to return a physician's statement to the department within 30 days from the date of mailing, the commissioner shall cancel the person's driver's license until the physician's statement is submitted to the department and accepted.

The physician's statement must indicate, at least, the date of each of the person's episodes since the previous physician's statement, whether the person is cooperating in the treatment of the condition, the person's prognosis for control of the person's diabetic condition, and whether the person is medically qualified to exercise reasonable and ordinary control over a motor vehicle on the public roads.