

6. FMCSA defines a **severe hypoglycemic reaction** as one that results in:
Seizure, or
Loss of consciousness, or
Requiring assistance of another person, or
Period of impaired cognitive function that occurred without warning.

In the last **3 months**, while being treated for diabetes, has the patient had a severe hypoglycemic episode? YES NO

If yes, provide information on each hypoglycemic episode:

Date(s):

Include additional information about each episode including symptoms of hypoglycemic reaction, treatment, and suspected cause:

Was the patient hospitalized? YES NO

If yes, provide brief summary of hospitalization:

Has the patient's treatment regimen changed since the last hypoglycemic episode?
 YES NO

Briefly explain changes:

7. **Please attach a copy of your office letterhead with your printed/typed name, signature, date, medical license number, and state of issue to this checklist.**

Please send this completed quarterly endocrinology checklist to:

**Diabetes Exemption Program
1200 New Jersey Ave., SE
Room W64-224
Washington, DC 20590**

If you have questions or need additional information, please call (703) 448-3094.