

## JOSLIN DIABETES CENTER'S MEDAL PROGRAM

Thank you very much for your interest in Joslin Diabetes Center's Medal Program. Enclosed please find all of the information you will need to apply for a 25-Year Certificate or our 50, 75 and 80-Year Medals, including a single application that can be used for all four awards.

Below are some facts about Joslin Diabetes Center's Medal Program. The awards are presented on an ongoing basis to people with diabetes who have been insulin-dependent continuously for at least 25 years.

- ✎ To date there have been over 5,000 50-Year Medals awarded by Joslin Diabetes Center since the program started in 1970.
- ✎ In addition to the above, over 1,000 certificates have been awarded to people who have been insulin-dependent for 25 to 49 years since the program began.
- ✎ Joslin Diabetes Center has awarded medals to recipients throughout the world, including individuals from Australia, Brazil, Canada, England, Finland, Hungary, Japan, Netherlands, Pakistan, Philippines, Russia, South America, Spain, Sweden, and Switzerland.
- ✎ We have also awarded one-hundred 75-Year medals. Recipients of this special honor include a man from MA in 1996; a man from RI in 1999; a FL woman in 2001; a CT woman and a WA man – both in 2002; a PA woman, GA man, WI woman, VA man, IN woman and NY man in 2003; a New Zealand woman also in 2003; men from OH, MA, NY and PA in 2004; a woman from MD in 2005; men from MA, NY and woman from WA in 2006; men from Canada, MA, and women from MN and PA in 2007; women from Hungary and Australia in 2008; and Medalists from WA, FL, MD, IN, TX, and Canada between 2009 and 2010. In 2013 Joslin introduced the 80-Year medal.

**For more information about the program, please contact:**

Joslin Diabetes Center  
Medalist Program, Room 359  
One Joslin Place  
Boston, MA 02215

Phone: (617) 309-2762  
E-mail: [medals@joslin.harvard.edu](mailto:medals@joslin.harvard.edu)

Website: [http://www.joslin.org/joslin\\_medalist\\_program.html](http://www.joslin.org/joslin_medalist_program.html)



## CRITERIA FOR 25-YEAR CERTIFICATE OR 50, 75, 80-YEAR MEDAL

The 25-year medal began in 1948 as the “Victory Medal.” The name was changed in the early 1950s to the “Blue Ribbon.” Today, Joslin Diabetes Center awards the “25-Year Certificate of Achievement” to individuals who have been insulin-dependent for 25 consecutive years.

Since 1970, Joslin Diabetes Center has also awarded a 50-year bronze medal and certificate to recognize the remarkable achievement of a successful life with insulin-dependent diabetes for half a century or more. A few years later, with our cooperation, Eli Lilly and Company also started to present a similar award.

There are no physical qualifications for these awards. However, good documentation of the date of diagnosis of diabetes and particularly the date of beginning of insulin treatment is helpful. We suggest one of the following two forms of documentation for the certificate or medal candidate:

### Preferred Documentation

- **Photocopy of discharge summary from the hospital where insulin treatment began or photocopy of a current medical record that states the date of diabetes diagnosis.** Applicants\* can request this information from the Medical Records department of the hospital where they were treated. Quite often, records of admission from so long ago have been destroyed. In this case, ask if the hospital has index cards on file with the same type information. These cards often document the name of the patient, address, dates of admission, diagnosis and sometimes also insulin treatment. A photocopy of this type of card is also an acceptable form of documentation. \*Please note that due to patient privacy laws, if the person requesting the medical records is not the patient him/herself, an “Authorization for Release of Personal Health Information Form” signed by the patient is required. The form is included in this packet.

### Alternate Documentation (choose one of the following)

- A letter from the physician who started the applicant on insulin at diagnosis (letter should include dates) or a letter from an associate who has carried on the original physician’s practice (provided that the associate has access to the original files).
- If the applicant kept a diary of urine and blood tests, diet, insulin, etc. during the early stages of insulin treatment photocopies of these dated records are acceptable documentation.
- Some applicants are unable to obtain any of the forms of documentation listed above. In these cases, we will also accept letters of recommendation from three of the applicant’s relatives or friends (usually people older than or the same age as the applicant) who can recall the onset of the applicant’s diabetes and insulin treatment. When possible, letters should include references to family and/or local or national events that occurred around the same time to confirm the date in question.

In addition to providing documentation, please complete and return the enclosed application. All correspondence, including the completed application and documentation from any of the above sources should be mailed to: Medalist Program, Room 359, Joslin Diabetes Center, One Joslin Place, Boston, MA 02215. Contact the office at (617) 309-2762, or via e-mail at [medals@joslin.harvard.edu](mailto:medals@joslin.harvard.edu) if you have any questions.



APPLICATION FOR 25-YEAR CERTIFICATE,  
50-YEAR, 75-YEAR and 80-YEAR MEDAL

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MARITAL STATUS: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NAME AND ADDRESS AT TIME OF DIAGNOSIS OF DIABETES (if different from above):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

IN THE EVENT THAT YOU ARE FOUND ELIGIBLE FOR THE CERTIFICATE, HOW WOULD YOU LIKE YOUR  
NAME PRINTED ON THE CERTIFICATE?

\_\_\_\_\_

DATE INSULIN TREATMENT BEGAN: \_\_\_\_\_

HAS INSULIN BEEN TAKEN CONTINUOUSLY SINCE THAT TIME? YES \_\_\_ NO \_\_\_

PRESENT INSULIN TYPES AND DOSE: \_\_\_\_\_

HOW WOULD YOU ASSESS YOUR DEGREE OF CONTROL OF DIABETES OVER THE YEARS? (OPTIONAL):

EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_

(HbA1c <7%) (HbA1c 7-7.9%) (HbA1c 8-9%) (HbA1c >9%)



**NAME AND ADDRESS OF PRESENT PHYSICIAN:**

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**NAME AND ADDRESS AT TIME OF DIAGNOSIS OF DIABETES (if different from above)**

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**HAVE YOU ENCLOSED COPIES OF YOUR DOCUMENTATION? YES \_\_\_ NO \_\_\_\_\_**

**IS THE DOCUMENTATION BEING SENT FROM THE HOSPITAL OR DOCTOR'S OFFICE DIRECTLY?  
YES \_\_\_\_\_ NO \_\_\_\_\_**

**REMARKS:** \_\_\_\_\_

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**DATE**

**APPLICANT'S SIGNATURE**

**Please return to:** Medalist Program, Room 359  
Joslin Diabetes Center  
One Joslin Place  
Boston, MA 02215



**HARVARD MEDICAL SCHOOL  
AFFILIATE**



**QUESTIONNAIRE FOR 50- AND 75-YEAR MEDALISTS**

**NAME:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**MALE** \_\_\_\_ **FEMALE** \_\_\_\_ **TELEPHONE NUMBER:** \_\_\_\_\_

**MARITAL STATUS:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**DATE** \_\_\_\_\_ **OF** \_\_\_\_\_ **DIAGNOSIS:**

**DATE** \_\_\_\_\_ **INSULIN** \_\_\_\_\_ **STARTED:**

**HAS INSULIN BEEN TAKEN CONTINUOUSLY SINCE THAT TIME?**

**YES** \_\_\_\_ **NO** \_\_\_\_

**PRESENT TYPES AND DOSE:** \_\_\_\_\_

\_\_\_\_\_

**DO YOUR FAMILY MEMBERS HAVE DIABETES?**

**Mother** \_\_\_\_\_ **NO** **YES**

**Father** \_\_\_\_\_ **NO** **YES**

**Brother(s)** \_\_\_\_\_ **NO** **YES**

**Sister(s)** \_\_\_\_\_ **NO** **YES**

**(OVER)**

**HOW WOULD YOU ASSESS YOUR DEGREE OF CONTROL OF DIABETES OVER THE YEARS?**

**EXCELLENT \_\_\_\_\_ GOOD \_\_\_\_\_ FAIR \_\_\_\_\_ POOR \_\_\_\_\_**

**DO YOU HAVE ANY COMPLICATIONS OF DIABETES?**

**A. Heart attack, angina or hospitalized for heart problems: NO YES**

**IF YES, please specify, including date(s) of hospitalizations: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**B. Kidney disease (Nephropathy): NO YES**

**IF YES, when were you first diagnosed with this problem? \_\_\_\_\_**

\_\_\_\_\_

**C. Eye problems (Retinopathy): NO YES**

**IF YES, please specify, including any laser treatments: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_

**NAME AND ADDRESS OF PRESENT PHYSICIAN: \_\_\_\_\_**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE**

**Please return the completed questionnaire in the envelope provided or to: Office of George L. King, M.D., Joslin Diabetes Center, One Joslin Place, Boston, MA 02215.**

**If you have any questions, please contact the Medalist Department at (617) 309-2762, or medals@joslin.harvard.edu**