



## 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.

- ❖ Dr. Elliott P. Joslin first began awarding medals to people in 1948 as an incentive for those committed to good, though challenging, diabetes care for 25+ years.
- ❖ To date there have been over 5,500 50-Year Medals awarded by Joslin Diabetes Center since the 50-year program began in 1970.
- ❖ In addition to the above, over 1,300 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 all 50 states, Australia, Canada, England, Finland, Hungary, Japan, Netherlands, Pakistan, Philippines, Russia, Spain, Sweden, Switzerland, South Africa, and South America.
- ❖ Joslin has also awarded over 120 75-Year medals. In 2013, Joslin introduced the 80-Year medal and has since awarded 19.

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

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

Phone: (617) 309-2750

E-mail: [medals@joslin.harvard.edu](mailto:medals@joslin.harvard.edu)

Website: [www.joslin.org/medalist](http://www.joslin.org/medalist)





## 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.

The only physical qualification for these awards is living with insulin-dependent diabetes for the specified number of years. Documentation of an applicant’s date of diagnosis of diabetes or date of beginning of insulin treatment is required. We suggest one of the following 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 acceptable 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.

### 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. Dated baby books kept by the applicant’s parents may also be acceptable.
- A letter from the applicant’s current endocrinologist verifying longevity of diabetes diagnosis.
- 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: Joslin Diabetes Center, Medalist Program – Rm 359, One Joslin Place, Boston, MA 02215. Contact the office at (617) 309-2750, 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: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Type: Cell Home Business

Marital Status: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

Name and Address at time of diagnosis (if different from above):

\_\_\_\_\_

\_\_\_\_\_

How would you like your name printed on your certificate, if found eligible:

\_\_\_\_\_

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?

HbA1c <7% \_\_\_\_\_ HbA1c 7-7.9% \_\_\_\_\_ HbA1c 8-9% \_\_\_\_\_ HbA1c >9% \_\_\_\_\_

Name and address of present physician: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_





**Do your family members have diabetes?**

Mother _____	NO	YES
Father _____	NO	YES
Brother(s) _____	NO	YES
Sister(s) _____	NO	YES

**Do you have complications of diabetes?**

**A. Heart attack, angina, or hospitalization 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:** \_\_\_\_\_  
\_\_\_\_\_

**Have you enclosed copies of your documentation?** YES \_\_\_\_\_ NO \_\_\_\_\_

**If no, is the documentation being sent from the hospital or doctor's office directly?**

YES \_\_\_\_\_ NO \_\_\_\_\_ Remarks: \_\_\_\_\_

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

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

Please return application and any supplementary documentation to:  
Joslin Diabetes Center, Medalist Program – Rm 359, One Joslin Place, Boston, MA 02215.

If you have any questions, please contact the Medalist Department at (617) 309-2750 or [medals@joslin.harvard.edu](mailto:medals@joslin.harvard.edu).  
More information can be found at [www.joslin.org/Medalists](http://www.joslin.org/Medalists).

