



South Carolina Department of Motor Vehicles

Certificate of Vision Examination for Commercial Driver's Licenses or Learner's Permits



FORM IS ONLY VALID FOR 36 MONTHS FROM DATE OF VISION EXAMINATION

***** This form is void if there are any alterations or erasures on it. *****

Patient's Legal Name	Patient's Date of Birth	Patient's Driver's License Number	
Patient's Address	City	State	Zip Code
Patient's Email Address		Cell Phone Number	
Patient's Signature	Date		

THIS SECTION MUST BE COMPLETED BY A LICENSED EYE CARE PROFESSIONAL

**** Do not return this form to an individual requiring corrective lenses until new lenses are fitted. ****

Individuals **must meet** minimum acceptable vision requirements, **without the use of a telescopic lens or other attachment**, provided below to obtain and maintain a South Carolina commercial driver's license (CDL) or CDL learner's permit.

Federal Motor Carrier Safety Regulation Section 391.41 (b)(10) states that the minimum visual acuity requirements to operate a commercial motor vehicle are as follows:

- **20/40** or better in each eye, with or without corrective lenses; AND
- Field of vision must be at least 70 degrees in the horizontal meridian in each eye.

Distant Vision Only	Right Eye	Left Eye
Without Corrective Lens	20/	20/
With Corrective Lens	20/	20/
New Prescription	20/	20/
Field of Vision	o	o

The licensed eye care professional is to answer all of the questions below based on the requirements listed above for a commercial license. Do not complete the remainder of this form and do not sign the certification unless the individual's vision meets the above standards to operate a commercial motor vehicle.

SECTION A – DRIVING RESTRICTIONS

1. Is a corrective lens, such as a conventional type spectacle or a contact lens, needed to operate a commercial motor vehicle? Yes No

SECTION B – PERMANENT SIGHT IMPAIRMENT

2. a) Does the individual have a permanent sight impairment? Yes No

b) If yes, which eye? Right Left

SECTION C – RECHECK VISUAL FITNESS

3. Is there any medical reason this individual's eyes should be rechecked within a period of time less than one year to determine visual fitness to operate a motor vehicle?..... Yes No

Comments: _____

I, _____ Professional No. _____ being licensed to practice
Printed Name of Licensed Eye Care Professional

_____ in the state of _____, certify that
License Type

I have performed a vision examination of the eyes of the above-named individual. This is a true record of this examination and the individual met the visual acuity standards without the use of a telescopic lens or other attachment. I further certify that I have answered all of the questions above and that he or she signed in my presence.

Signature of Licensed Eye Care Professional	Examination Date	Telephone Number	
Business Address	City	State	Zip Code