



South Carolina Department of Motor Vehicles

Certificate of Vision Examination for Non-Commercial Beginner Permits or Driver's Licenses

412-NC
(Rev. 09/2020)

FORM IS ONLY VALID FOR 12 MONTHS FROM DATE OF VISION SCREENING
***** This form is void if there are any alterations or erasures on it. *****

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

THIS SECTION IS TO BE COMPLETED BY A LICENSED EYE CARE PROFESSIONAL
***** Do not return this form to an individual requiring corrective lenses until new lenses are fitted. *****

An individual **must meet** the minimum acceptable vision requirements, **without the use of a telescopic lens or other attachment**, provided below to obtain and maintain a South Carolina non-commercial driver's license or beginner's permit.

The South Carolina Department of Motor Vehicles' minimum visual acuity requirements to operate a non-commercial motor vehicle, **with or without corrective lenses**, are as follows:

- **20/70 or better in at least one eye; OR**
 - ✓ If an individual's weaker eye is **worse than 20/200**, the stronger eye must read **20/40** or better.
- **Worse than 20/70** in each eye but 20/70 or better with **botheyes** together.

Distant Vision Only	Right Eye	Left Eye	Both Eyes
Without Corrective Lens	20/	20/	20/
With Corrective Lens	20/	20/	20/
New Prescription	20/	20/	20/

The licensed eye care professional is to answer all of the questions below based on the requirements listed above for a non-commercial license.

DO NOT COMPLETE THIS FORM UNLESS THE INDIVIDUAL'S VISION MEETS THE ABOVE STANDARDS TO OPERATE A 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 motor vehicle? Yes No
2. Is the individual's vision worse than 20/200 in one eye? Yes No
3. Should the individual be restricted to daylight driving only? Yes No

SECTION B – PERMANENT SIGHT IMPAIRMENT

4. a) Does the individual have a permanent sight impairment? Yes No
- b) If yes, which eye? Right Left

SECTION C – RECHECK VISUAL FITNESS

5. 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

Verify that the individual is not applying for a CDL. Complete SCDMV Form 412-CDL if applying for a CDL.