South Carolina Department of Motor Vehicles
Certificate of Vision Examination for Non-Commercial Beginner Permits or Driver's Licenses

412-NC
(Rev. 05/18/24)

FORM IS VALID FOR 36 MONTHS FROM DATE OF VISION EXAMINATION
******* This form is void if there are any alterations or erasures *******

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 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/or maintain a South Carolina non-commercial driver's license or beginner's permit.

The State of South Carolina's 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 **both eyes** 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/

A licensed eye care professional must answer all questions below based on the minimum visual acuity requirements. 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 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, _____ (Printed Name of Licensed Eye Care Professional) Professional No. _____ being licensed to practice

_____ (License Type) in the state of _____, certify that

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.
Mail form to: SCDMV Driver Records-Alternative Media, PO Box 1498, Blythewood, SC 29016-0035