



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 **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/

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, _____ 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.