

South Carolina Department of Motor Vehicles Voluntary Disclosure of a Medical Condition

447-CAD (Rev: 6/2023)

Section 1 - General Caduceus Medical Symbol Information

Pursuant to SC Code §56-1-80, you may provide the SCDMV with up to three medical conditions that will be noted by a caduceus medical symbol displayed on the back of your non-commercial SC beginner's permit, driver's license, or identification card.



The caduceus medical symbol will not be placed on commercial learner's permits (CLPs), or commercial driver's licenses (CDLs).

The medical condition(s) must be made available to law enforcement, emergency medical services, hospital personnel, the Medical Advisory Board pursuant to SC Code §56-1-221, and permitted entities pursuant to the Driver Privacy Protection Act, 18 U.S.C.A. §2721.

The SCDMV will not use the information you provide on this form to start any review of your fitness to drive. If a review of your fitness to drive occurs due to other triggers, then the information provided on this form may be used as part of that review process.

This process can only be completed at an SCDMV branch.

Section 2 – Applicant's Information						
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Last Name:	First Name:					
(Area Code) Phone Number:	Date of Birth:		SC Driver's License, Identification card or Beginner's Permit Number:			
I certify that this information is true and correct, and I understand that I am receiving an SC beginner's permit, driver's license, or identification card based on the information provided on the accompanying Application for a Beginner's Permit, Driver's License, or Identification Card (Form 447-NC) which will also reflect my voluntary disclosure of selected medical conditions. Further, if I am disclosing medical condition(s) in Section Four, I authorize my licensed physician named below to release the information requested in Section Four to the SCDMV.						
Signature of Applicant Printed Name of Applicant			Date			
Section 3 – Disclosing Medical Conditions and Adding Caduceus, Removing Medical Conditions on File						
Disclose one or more medical conditions/Add caduceus to your card. (Requires Physician's Signature in Section 4) Remove medical conditions previously disclosed. If you remove all medical conditions, the caduceus will also be removed. I wish to remove the following medical conditions (list below):						
Section 4 – Physician's Statement A physician licensed in this State as defined in Chapter 47, Title 40 must complete the following section. Completing this section means that the applicant has the selected medical condition(s). This is only for the voluntary disclosure of medical condition(s) to the SCDMV. The SCDMV will add a caduceus to the applicant's card if you sign below.						
MEDICAL CONDITIONS MUST BE CERTIFIED BY AN SC-LICENSED PHYSICIAN						
has been diagnosed with the following medical This is to certify that condition(s):						
Printed Name of Applicant Date of Birth						
☐ Alzheimer's ☐ Cancer	☐ Emphysema ☐	Hepatitis		Neuroimmune Condition		Seizures
☐ Anemia ☐ COPD	☐ Epilepsy ☐	Hemophilia		Neurological Disorder		Sickle Cell
☐ Asthma ☐ Depression	☐ Eye Disorder ☐	Infection Disease		Parkinson's Disease		Stroke
☐ Brain Injury ☐ Diabetes	☐ Heart Disease ☐	Mental Illness		Renal Failure		Tourette's Syndrome
SC Physician I certify that I am a Licensed Physician License Number				Physician Office Phone Number:		