South Carolina Department of Motor Vehicles

Voluntary Disclosure of a Medical Condition

447-CAD
06/2022

Section 1 – General Caduceus Medical Symbol Information

Pursuant to SC Code § 56-1-80, you may voluntarily disclose up to three qualifying medical conditions to the SCDMV. If you wish to disclose medical condition(s), the disclosure will be indicated by a caduceus medical symbol displayed on the back of your non-commercial SC beginner's permit or driver's license. A list of your selected medical conditions may be viewed by first responders.

The caduceus medical symbol will not be placed on any identification cards (IDs) or commercial driver's licenses (CDLs).

The information contained on a driver's license and in SCDMV records pertaining to a person's permanent medical condition(s) must be made available upon request only 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.

Reviews for medical fitness to drive are not initiated by the voluntary disclosure of, or removal of, medical conditions using this form. If you are currently undergoing a review for medical fitness to drive, removing medical conditions from your driving record will not end the review. The voluntary disclosure of medical conditions also will not prompt a review. If a review for medical fitness to drive is ongoing, or occurs in the future, information that you provide on this form can be provided to the Medical Advisory Board to assist them in making a recommendation to the SCDMV regarding your medical fitness to drive.

Voluntary medical disclosures and initial issuance of any card displaying a caduceus medical symbol must be processed at an SCDMV branch office.

Section 2 – Applicant's Information

Last Name: ____________ First Name: ____________ Middle Name: ____________

(Area Code)
Telephone Number: ____________ Date of Birth: ____________ SC Driver License 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 or driver's license based on the information provided on the accompanying Application for 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

You must complete the following section and indicate whether you wish to disclose one or more medical conditions and have the caduceus medical symbol added to your card, remove one or more previously disclosed medical conditions, or remove all medical conditions and have the caduceus removed from your card.

☐ 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 portion of this application if an applicant wishes to disclose medical conditions or change the medical conditions that have been previously disclosed. The completion of this section is an affirmation of the existence of the following selected medical condition(s) for the applicant in question. This affirmation is used solely for the voluntary disclosure of medical condition(s) to the SCDMV, which results in the addition of a caduceus medical symbol to the applicant's SCDMV card.

MEDICAL CONDITIONS MUST BE CERTIFIED BY AN SC LICENSED PHYSICIAN

This is to certify that ____________ (Printed Name of Applicant) ____________ (Date of Birth) has been diagnosed with the following medical condition(s):

☐ 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

I certify that I am ☐ a Licensed Physician SC Physician License Number ____________ Physician Office Phone Number: ____________

____________ Print Name of Physician ____________ Signature of Physician ____________ Date