



South Carolina Department of Motor Vehicles

REPORT OF EYE EXAMINATION

412 (DI-8)
(Rev. 2/09)

FORM IS VALID FOR 12 MONTHS FROM DATE OF EXAMINATION

Office Code - Employee Code or Initial

Applicant's Name _____ Date of Birth _____ Driver's License No. _____

Applicant's Address _____ City _____ State _____ Zip Code _____

Applicant's Signature _____ Date _____

Commercial
DL/BP

CERTIFICATION OF EYE SPECIALIST

I, _____ Professional No. _____ being licensed to practice _____ in the state of _____, certify that I have personally examined the eyes of the above named, that this is true record of this examination and that he or she signed in my presence.

Signature of Eye Specialist _____ Exam Date _____

Business Address _____ City _____ State _____ Zip Code _____

Telephone Number _____ Driver's License No. _____

Distant Vision Only	O.D. Right	O.S. Left	O.U. Both	BREADTH OF VISION FIELD To Right of Point of Fixation _____ To Left of Point of Fixation _____ Total Angle _____ _____
Without Glasses	20/	20/	20/	
Present Corrective Lens	20/	20/	20/	
New Prescription	20/	20/	20/	
Telescopic or Other Attachments	20/	20/	20/	

1. Are glasses needed for distant vision? _____ Are they being fitted? _____
 2. Are glasses needed for near vision? _____ Are they being fitted? _____
 3. This vision is obtained with:

<input type="checkbox"/> conventional type spectacles	<input type="checkbox"/> contact lenses
<input type="checkbox"/> telescopic lens	<input type="checkbox"/> other attachments
 4. Is there double vision? _____ If so, describe: _____
 Can it be corrected with glasses? _____ By other treatment? _____
 Are such corrections or treatments being undertaken by you? _____
 5. Is there any evidence of eye disease or injury? _____ If so, describe: _____

 6. Is there any unusual difficulty in seeing in dim light? _____
 Restrict to daylight driving only? Yes No
 7. For the purpose of determining visual fitness to operate a motor vehicle, the applicant's eyes should be rechecked:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 months	1 year	2 years	Renewal (5 years)	Other (Comments)
- Comments: _____

NOTE: This form should not be returned to the applicant requiring corrective lenses until new lens are fitted.
(OVER)

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INSTRUCTIONS TO APPLICANT OR DRIVER

The simple eye test given by the Department of Motor Vehicles shows that you would probably be a safer driver if you could see better. Therefore, you are being asked to have your eyes examined by an eye specialist to determine if your sight can be improved by glasses or treatments. If glasses will make you a safer driver, your license will permit you to drive only while wearing them.

Please do not ask the Department of Motor Vehicles to recommend an eye specialist as they are forbidden to do so.

If you have any questions about how well you must be able to see to be granted the privilege of driving on the streets and highways of South Carolina, the Department personnel will be glad to answer them.

EXPLANATION FOR EYE SPECIALIST

All applicants for licenses and some drivers whose records cast doubt on their ability to drive safely are given simple vision tests by Department personnel, but when more accurate measurements are needed, when an improvement in vision would add to safety, or when unusual eye defects are apparent, the person is asked to visit an eye specialist. A report from such a specialist is particularly valuable if the fitness of a driver is questioned in court following an accident. In some cases, examinations by more than one specialist is requested.

You may fill in this form for the examination which you make, but please leave blank spaces for items on which you have made no examinations. If the case is a peculiar one, any additional comments which you may have would be appreciated. Use a separate sheet if needed and attach it to the form.

Kindly sign this report, give your professional number and your driver's license number. For proper identification, have the person examined sign the report in your presence.

No recommendations or suggestions as to which specialist to visit are given by Department personnel. Only reports from licensed practitioners can be accepted. The eye specialist assumes no responsibility in making this report other than that of truthfully representing the facts.

VISION REQUIREMENTS FOR A COMMERCIAL DRIVER'S LICENSE (PART 391.41)

- (1) At least 20/40 or better each eye with or without corrective lens
- (2) At least 70 degrees (Horizontal Meridian) in each eye
- (3) Ability to recognize traffic signal colors (red, green and amber)

<p>MAIL MEDICAL INFORMATION TO:</p> <p>Department Of Motor Vehicles Driver Improvement Office P.O. Box 1498 Blythewood, S.C. 29016-0016</p>	<p>DRIVER'S LICENSE RENEWAL BY MAIL:</p> <p>Department of Motor Vehicles Alternative Media - Renewal by Mail P.O. Box 1498 Blythewood, S.C. 29016-0030</p>
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