South Carolina Department of Motor Vehicles

Certificate of Vision Examination for Commercial Driver's Licenses or Learner's Permits

412-CDL
(Rev. 5/18/2024)

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

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 MUST BE COMPLETED BY A LICENSED EYE CARE PROFESSIONAL
****** Do not return this form to an individual requiring corrective lenses until new lenses are fitted. ******

Individuals **must meet** minimum acceptable vision requirements, **without the use of a telescopic lens or other attachment**, provided below to obtain and maintain a South Carolina commercial driver's license (CDL) or CDL learner's permit.

Federal Motor Carrier Safety Regulation Section 391.41 (b)(10) states that the minimum visual acuity requirements to operate a commercial motor vehicle are as follows:

- **20/40** or better **in each eye, with or without corrective lenses**; **AND**
- Field of vision must be at least 70 degrees in the horizontal meridian in each eye.

Distant Vision Only	Right Eye	Left Eye
Without Corrective Lens	20/	20/
With Corrective Lens	20/	20/
New Prescription	20/	20/
Field of Vision	o	o

The licensed eye care professional is to answer all of the questions below based on the requirements listed above for a commercial license. 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 commercial 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 commercial motor vehicle? ☐ Yes ☐ No

SECTION B – PERMANENT SIGHT IMPAIRMENT

2. a) Does the individual have a permanent sight impairment? ..... ☐ Yes ☐ No
   b) If yes, which eye? ..... ☐ Right ☐ Left

SECTION C – RECHECK VISUAL FITNESS

3. 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

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