



South Carolina Department of Motor Vehicles
Certificate of Low Vision Acuity Examination for
Non-Commercial Beginner's Permits or Driver's Licenses

412-LV
(Rev. 04/2024)

SC Code § 56-1-222 requires an individual diagnosed with low vision acuity who uses bioptic telescopic lenses for vision assistance to have this certificate of examination completed by a licensed optometrist or ophthalmologist. This certificate must be completed before applying for a beginner's permit or driver's license and it is only **valid for 12 months** from the date of the vision examination. This certificate of examination is void if there are any alterations or erasures on it.

Patient's Name	Date of Birth	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 optometrist or ophthalmologist.

**** Do not return this certificate of examination to an individual requiring corrective lenses until new lenses are fitted. ****

- Is this an initial evaluation or an annual evaluation? ☐ Initial..... ☐ Annual
If annual, does the customer continue to meet the low vision requirements to drive?..... ☐ Yes ☐ No
- Is this eye condition progressive? ☐ Yes ☐ No
If yes, please check one: ☐ Customer continues to be eligible to drive. ☐ Customer needs additional rehabilitation driver training.
☐ Road test re-examination recommended by a designated SCDMV Examiner.
- Name of the bioptic telescopic system vendor: _____
 - The date the bioptic telescopic system was dispensed to the customer: _____
 - The type of bioptic telescopic system: _____
 - The strength of the bioptic telescopic system (in X-power): _____
- Is the customer impaired in the movement of his eyes, head, or neck? ☐ Yes ☐ No
- Identify which of the following qualities the customer is missing or impaired in, if any, to operate a motor vehicle.
 - sound cognitive skills? ☐ Yes ☐ No
 - sound perceptual skills? ☐ Yes ☐ No
 - sound reaction time? ☐ Yes ☐ No
 - sound range of motion? ☐ Yes ☐ No
 - coordination of upper and lower extremities needed to operate a motor vehicle? ☐ Yes ☐ No
- Is the customer able to detect and recognize the colors of traffic signals and devices showing standard red, green, and amber colors or passes the large disc D-15 color test, or both?..... ☐ Yes ☐ No
- Does the customer have a visual acuity of at least 20/120 in the better functioning eye when looking through the carrier lens of a bioptic telescopic aid?..... ☐ Yes ☐ No
Visual Acuity: **Uncorrected** OD: _____ OS: _____ **Best Corrected** OD: _____ OS: _____
- Does the customer have improved visual acuity of at least 20/40 using the bioptic telescopic aid in the better functioning eye? ☐ Yes ☐ No
- Does the customer have a binocular horizontal visual field diameter of not less than one hundred twenty degrees and a vertical field of not less than eighty degrees without the use of visual field expanders?..... ☐ Yes ☐ No
Visual Field Testing Results (in degrees): Horizontal: _____ Vertical: _____
- Is the customer monocular? ☐ Yes ☐ No
- If the customer is monocular is the horizontal visual field equal to or greater than seventy degrees temporally and thirty-five degrees nasally? ☐ Yes ☐ No
Visual Field Testing Results (in degrees): Horizontal: _____ Vertical: _____

Comments: _____

I, _____ Professional No. _____ being licensed to practice
Printed name of licensed optometrist or ophthalmologist

_____ in the state of _____, certify
that I have performed an examination of the eyes of the above-named individual. This is a true record of this examination and the customer met the low visual acuity standards to apply for driving privileges using a bioptic telescope to operate a non-commercial motor vehicle. I further certify that I have answered all of the questions above and that he or she signed in my presence.

Signature of licensed optometrist or ophthalmologist	Examination date	Telephone number	
Business address	City	State	Zip code



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Instructions for Customer

If you were diagnosed with low vision acuity and use bioptic telescopic lenses for vision assistance then you must have this certificate of examination completed by a licensed optometrist or ophthalmologist in accordance with SC Code § 56-1-222. This certificate of examination must be completed before making application for a beginner's permit or driver's license, and it is only **valid for 12 months** from the date of the examination. This certificate of examination is void if there are any alterations or erasures on it.

In addition to having this certificate of examination completed you must also submit proof that you successfully completed a bioptic driver training course or program certified to train individuals to use bioptic telescopic glasses while operating a motor vehicle. You must pass this training [after you receive a beginner's permit and] before you are eligible to take the behind-the-wheel driver's test administered by the department. This program shall consist of the following two parts:

Part 1: In-Clinic Pre-Driver Bioptic Evaluation and Training Program to operate a motor vehicle while wearing bioptic telescopic lenses.

Part 2: A recognized Bioptic Driving Behind-the-Wheel Training Program

1. An individual who uses bioptic telescopic lenses for vision assistance must:
 - a) Apply for a driver's license and take the department road test within 12 months of having completed the Behind-the-Wheel Bioptic Driving Program. The road test is the same standard road test taken by all other individuals applying for a regular driver's license.
 - b) Present to the SCDMV the Certificate of Completion of Training in order to take the on-the-road portion of the driver's license test with his bioptic telescope system in place; and
 - c) Meet all other qualifications for obtaining a driver's license including passing the department administered road test while wearing bioptic telescopic lenses.
2. The customer is required to repeat completion of a driver-training course or program if he or she fails three attempts at the road test.

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 personnel in SCDMV's Office of Driver Improvement will be glad to answer them (803) 896-9925.

Explanation for Optometrist or Ophthalmologist

All customers applying for licenses who are diagnosed with low vision acuity and use bioptic telescopic lenses for vision assistance are required to have this certificate of examination completed by a licensed optometrist or ophthalmologist. In some cases, an examination by more than one optometrist or ophthalmologist is requested.

You must complete all of the questions. Provide any additional comments for any special circumstance that you feel should be considered for the SCDMV's evaluation. Use a separate sheet if needed and attach it to the certificate.

You must indicate whether the customer's vision has deteriorated to the point that the customer no longer meets the low vision requirements to operate a motor vehicle.

Please sign this certificate of examination and give your professional number. For proper identification, have the individual examined sign the certificate of examination in your presence.

Only certificates of examination from licensed optometrists and ophthalmologists can be accepted for individuals with low visual acuity. The optometrist or ophthalmologist assumes no responsibility in completing this certificate of examination other than that of truthfully representing the facts.

Mail Medical Information to:
Department of Motor Vehicles
Driver Improvement Office
PO Box 1498
Blythewood, SC 29016-0016