



South Carolina Department of Motor Vehicles

Report of Vision Screening for Commercial Driver's Licenses or Learner's Permits



FORM IS ONLY VALID FOR 12 MONTHS FROM DATE OF VISION SCREENING

**** This form is void if there are any alterations or erasures on it. ****

Applicant's Name _____

Date of Birth _____

Driver's License Number _____

Applicant's Address _____

City _____

State _____

Zip Code _____

Applicant's Signature _____

Date _____

Telephone Number _____

THIS SECTION IS TO BE COMPLETED BY A LICENSED EYE CARE PROFESSIONAL

**** Do not return this form to an applicant requiring corrective lenses until new lenses are fitted ****

Applicants **must meet** the 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 § 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

DO NOT COMPLETE THIS FORM UNLESS THE APPLICANT'S VISION MEETS THE ABOVE STANDARDS TO OPERATE A COMMERCIAL MOTOR VEHICLE.

The licensed eye care professional is to answer all of the questions below based on the requirements listed above for a commercial license.

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 applicant have a permanent sight impairment? Yes No

b) If yes, which eye? Right Left

SECTION C – RECHECK VISUAL FITNESS

3. Indicate when the applicant's eyes should be rechecked to determine visual fitness to operate a motor vehicle.

- in 6 months in 1 year in 2 years in 5 years Other (Comments)

Comments: _____

I, _____ Professional No. _____ being licensed to practice
Printed Name of Licensed Eye Care Professional

_____ in the state of _____, certify that

I have performed a vision screening of the eyes of the above named person. This is a true record of this screening and the applicant 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 _____

Screening Date _____

Telephone Number _____

Business Address _____

City _____

State _____

Zip Code _____



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INSTRUCTIONS TO APPLICANT OR DRIVER

The simple eye test given by the Department of Motor Vehicles (DMV) determines if an applicant may have 20/40 vision or better. If unable to pass DMV's vision screening you must have your eyes screened by an eye care professional to determine if your eyes meet the Department's vision screening requirements. Therefore, you are being asked to have your eyes screened by an eye care professional 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 care professional 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 CARE PROFESSIONAL

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, or when unusual eye defects are apparent, the person is asked to visit an eye care professional. In some cases, a screening by more than one eye care professional is requested.

You must provide the reading results and complete all of the questions. The individual must meet the visual acuity standards without the use of a telescopic lens or other attachment. Provide any additional comments for any special circumstances that you feel should be considered for the DMV's evaluation. Use a separate sheet if needed and attach it to the form.

Kindly sign this report and give your professional number. For proper identification, have the person screened to sign the report in your presence.

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

MAIL MEDICAL INFORMATION TO:

Department of Motor Vehicles
Driver Improvement Office
P.O. Box 1498
Blythewood, S.C. 29016-0016