South Carolina Department of Motor Vehicles

Voluntary Disclosure of a Medical Condition and/or Blood Type

447-CAD
(Rev. 08/2025)

Section 1 – General Caduceus Medical Symbol Information



Pursuant to SC Code §56-1-80, you may provide the SCDMV with up to three medical conditions that will be noted by a caduceus medical symbol displayed on the front of your non-commercial SC beginner's permit, driver's license, or identification card.

The caduceus medical symbol will not be placed on commercial learner's permits (CLPs) or commercial driver's licenses (CDLs).

The medical condition(s) must be made available 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.

The SCDMV will not use the information you provide on this form to start any review of your fitness to drive. If a review of your fitness to drive occurs due to other triggers, then the information provided on this form may be used as part of that review process.

This process can only be completed at an SCDMV branch.

Section 2 – Applicant's Information

Last Name: _____ First Name: _____ Middle Name: _____

(Area Code) Phone Number: _____ Date of Birth: _____ SC Driver's License, Identification card 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, driver's license, or identification card based on the information provided on the accompanying Application for a 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

☐ Disclose one or more medical conditions/Add caduceus to your card.

☐ 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: _____

☐ Disclose Blood Type

☐ Remove Blood Type

Section 4 – Physician's Statement

A physician licensed in this State as defined in Chapter 47, Title 40 must complete the following section. Completing this section means that the applicant has the selected medical condition(s). This is only for the voluntary disclosure of medical condition(s) to the SCDMV. The SCDMV will add a caduceus to the applicant's card if you sign below.

MEDICAL CONDITIONS MUST BE CERTIFIED BY A MEDICAL PROVIDER OR SC-LICENSED PHYSICIAN

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

☐ 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
☐ Autism	☐ Diabetes	☐ Heart Disease	☐ Mental Illness	☐ Renal Failure	☐ Tourette's Syndrome
☐ Brain Injury					

I certify that I am a Licensed Physician | SC Physician License Number _____ | Office Phone Number: _____

Print Name of Physician | Signature of Physician | Date

BLOOD TYPE MUST BE FILLED OUT BY A MEDICAL PROVIDER. This is the voluntary disclosure of blood type. By signing below, you are certifying the applicant's blood type listed on this form.

☐ Blood Type _____
(Must list blood type)

Type of Medical Provider: _____ Medical Provider License Number: _____

Signature of Medical Provider: _____