ANNEXURE II - 5

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 006

BLOOD SUGAR TOLERANCE REPORT

Zone Division Branch
Proposal No.
Agent/D.O. Code : Introduced by : (name & signature)
Full Name of Life to be assured:
Age/Sex :

INSTRUCTIONS FOR THE PATHOLOGIST

- The observations should be made in the morning in the fasting state before and after the ingestion of 75 grams of glucose
- The pathologist should indicate the method of blood estimation employed and the normal values
- Each column should be filled in every case
- Please insist on the proposer signing in your presence. A form on which the proposer has already put his signature should not be used.

Sample	O'Clock	Blood Sugar %	Urine Glucose %	Acetone Bodies	Normal Value
Fasting					
2 Hours after 75 gms of Glucose					

Interpretation

Method of blood sugar estimation employed

I declare that the person examined signed (affixed his/her thumb impression) in the space earmarked below, in my presence and I am not related to him/her or the Agent or the Development Officer.

Dated at on the day of 200 at a.m./p.m.

Signature of the L.A.

Signature of the Pathologist

Pathologist's name & Address

Qualification:

LICI Code No: