ANNEXURE II - 3

LIFE INSURANCE CORPORATION OF INDIA

Special Medical Report

Form No. LIC03 - 004

HAEMOGRAM

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

1. Red Blood Cell Count :
2. Hb% :
3. Hematocrit :
4. Indices :
(a) MCV (Mean Corpuscular Volume)
(b) MCH (Mean Corpuscular Hb)
(c) MCHC (Mean Corpuscular Hb Concentration)

5. Morphology
Macrocytes: Microcytes: Hypochromia:
Poikilocytosis: Anisocytosis:

6. Target Cells
Spherocytes: Eliptocytes:

7. White Blood Cells
Total Count:

Differential Count :
a) Neutrophils: c) Eosinophils:
b) Lymphocytes: d) Monocytes:
e) Basophils:

8. Platelets:

9. Erythrocytes Sedimentation rate:
(Method)

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. :