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		
			Path	ologist's name & Address	
			Qualification:		
			LICI	Code No:	