



Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

_____ DIVISION

Proposal No. _____

Agent's Name _____

Name of the Life to be assured : _____

Agent's Code No. _____

Age _____

OPHTHALMIC REPORT

- | | Without
Glasses | Right | Left |
|---|--------------------|-------|------|
| 1. What is the present visual acuity far and near, naked eye and with glasses?
(State the strength of glasses) | With
Glasses | | |
| 2. What is the nature of his refraction?
Hypermetropia, myopia etc. | | | |
| 3. If, Myopia, how long has he worn Glasses?
Is the Myopia progressive or stationary? | | | |
| 4. Describe the condition of Media. | | | |
| 5. Has he any cataract? If so, which side?
Is it mature or not? | | | |
| 6. Are iris and pupil normal? If not describe the
abnormality, State pupillary reaction | | | |
| 7. Is there any squint? If so paralytic or non-paralytic | | | |
| 8. Did he have any ocular operation? If so, give details. | | | |
| 9. Is the fundus normal? If not describe in detail the
abnormality and its significance. | | | |

Dated at _____ on the _____ day of _____ 200

Signature of the Life to be assured

Signature of the Ophthalmologist
Qualification
Name and Address _____