



# Life Insurance Corporation of India

(Established by the Life Insurance Corporation Act 1956)

\_\_\_\_\_ Division

## SPECIAL BLOOD SUGAR TOLERANCE REPORT

Proposal/Policy No. \_\_\_\_\_

Agent's Name and Code No. \_\_\_\_\_

Name of the life to be Assured/ Life Assured : \_\_\_\_\_

Age \_\_\_\_\_ Introduced By : \_\_\_\_\_

### INSTRUCTIONS FOR THE PATHOLOGISTS

1. The observations should be made in the morning in the fasting state and 2 hours after meals.
2. The pathologist should indicate the method of blood sugar estimation employed and the normal values.
3. Each column should be filled completely in every case.
4. 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	Time O'clock	Blood sugar%	urine Glucose%	Acetone Bodies	Normal Value
--------	-----------------	-----------------	-------------------	-------------------	-----------------

Fasting \_\_\_\_\_

2 hours after meals \_\_\_\_\_

INTERPRETATION \_\_\_\_\_

Please state the Method of Blood Sugar Estimation employed \_\_\_\_\_

### Queries to be answered by the Life to be Assured

1. Time of taking food on the day of the test : \_\_\_\_\_
2. Details of food taken on the day of the test : \_\_\_\_\_
3. Any medication – name of the drug & its dosage \_\_\_\_\_

Dated at \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_ 200

\_\_\_\_\_  
Signature of the proposer

**HAEMOGRAM**

\_\_\_\_\_  
Signature of the Pathologist

\_\_\_\_\_  
Signed before me

Name : \_\_\_\_\_

Address \_\_\_\_\_

Qualification : \_\_\_\_\_

LIC Code No. : \_\_\_\_\_