

**LIFE INSURANCE CORPORATION OF INDIA****SPECIAL BLOOD SUGAR TOLERANCE REPORT****Proposal No.****Agent's Name and  
Code No.****Name of the Life to be Assured/Life Assured:****Age:****Introduced by:****INSTRUCTIONS FOR THE PATHOLOGISTS**

- NB :** (i) The observations should be made in the morning in the fasting state and – 2 hours after meals.  
(ii) The pathologist should indicate the method of Blood Sugar Estimation employed and the normal values.  
(iii) Each column should be filled completely in every case.  
(iv) 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<br>O'clock | Blood<br>Sugar % | Urine<br>Glucose % | Acetone<br>bodies | Normal<br>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.

- Time of taking of food on the day of the test
- Details of food taken on the day of the test

- Any medication – Name of the drug  
& its  
dosage

Dated at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ 200 .

Signature of the Proposer

Signature of the Pathologist

Signed before me

Qualifications  
Name and  
Address

Signature of the Pathologist.