



SPECIAL BLOOD SUGAR TOLERANCE REPORT

Proposal No. / Policy No. _____

Full Name of Life to be Assured: _____ Age _____ Years Sex _____

INSTRUCTIONS FOR THE PATHOLOGIST

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 Hrs 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 _____ 20 _____ at _____ am / pm

<p>_____ Signature of the Life to be Assured</p> <p>_____ Signature of the Introducer: (Agent / Development Officer) Name : _____ Code No. _____</p>	<p>I Certify that the proposer / LA has put his /her Signature alongside in my presence</p> <p>_____ Signature of the Pathologist Name: _____ Address: _____ Qualification: _____ Code No: _____</p>
---	--