



### BLOOD SUGAR TOLERANCE REPORT

Zone: \_\_\_\_\_ Division : \_\_\_\_\_ Branch: \_\_\_\_\_

Proposal No. \_\_\_\_\_

Full Name of Life to be Assured: \_\_\_\_\_ Age \_\_\_\_\_ Years / 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<br>% | Urine Glucose<br>% | Acetone<br>Bodies | Normal Value |
|--------------------------------------|----------|------------------|--------------------|-------------------|--------------|
| Fasting                              |          |                  |                    |                   |              |
| 2 Hrs. after 75<br>gm. of<br>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 \_\_\_\_\_ 20 \_\_\_\_\_ at \_\_\_\_\_ am / pm

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