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.

<table>
<thead>
<tr>
<th>Sample</th>
<th>O’clock</th>
<th>Blood Sugar %</th>
<th>Urine Glucose %</th>
<th>Acetone Bodies</th>
<th>Normal Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fasting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Hrs. after 75 grm. of Glucose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Signature of the Life to be Assured

Signature of the Introducer:
(Agent / Development Officer)
Name: ___________________
Code No. __________________

I Certify that the proposer / LA has put his /her Signature alongside in my presence

Signature of the Pathologist
Name: ___________________
Address: ___________________
Qualification: ___________________
Code No. ___________________