

Life Insurance Corporation of India
_____ **Division.**

Proposal No. _____ **Agent's Name** _____

Agent's Code No. _____

Name of the Life to be Assured :

Age :

OPHTHALMIC REPORT

Right Left

1. What is the present visual acuity for and near,
Naked eye and with glasses Without glasses
(State the strength of glasses) with glasses
2. What is the nature of the refraction ?
3. Hypermetropia, Myopia etc
If myopia, how long has he worn glasses?
Is the Myopia progressive or stationary?
4. Describe the condition of media.
5. Has he any cataract? If so which side?
Is it mature or not?
6. Are iris and pupil normal? If not describe the
Abnormality?
State pupillary reaction.
7. Is there any squint? If so paralytic or non paralytic
8. Did he have any ocular operation? If so give details.
9. Is the fundus normal? If not described in detail the
Abnormality and its significance.

Dated at **on the** **day of** **200**

(SIGNATURE OF THE OPHTHALMOLOGIST)

SIGNATURE OF THE LIFE TO BE ASSURED

QUALIFICATION

ADDRESS

