

Life Insurance Corporation of India

REPORT OF FULL ROUTINE EXAMINATION OF URINE

Proposal No..... Branch Unit No.....

Agent's Name..... Agent's Code No.....

Full Name of the Life to be Assured.....

Age.....

PHYSICAL EXAMINATION

- | | |
|---------------------------|-------------------|
| (1) Reaction..... | (4) Quantity..... |
| (2) Specific Gravity..... | (5) Colour..... |
| (3) Transparency..... | (6) Sediment..... |

CHEMICAL EXAMINATION

- | | |
|----------------------------|-----------------------|
| (1) Protein (Albumin)..... | (4) Bile..... |
| (2) Sugar..... | (5) Indican..... |
| (3) Acetone bodies..... | (6) Urobilinogen..... |

MICROSCOPIC EXAMINATION

- | | |
|--------------------------|-----------------------------|
| (1) Red Blood Cells..... | (4) Crystals..... |
| (2) Pus Cells..... | (5) Epithelial Cells..... |
| (3) Casts..... | (6) Amorphous Deposits..... |

REMARKS :

If pus Cells are present GRAM STAIN is necessary.

If haematuria is present ZIEHL NEELSEN METHOD is necessary.

Dated at.....on the.....day of.....199.....

Signature of the Life to be assured

Signature of the Medical Examiner

Qualifications.....

Code No.....

Name and address.....

(IN BLOCK LETTERS)

Signed before me

Signature of Medical Examiner