



LIFE INSURANCE CORPORATION OF INDIA

Ophthalmic Report
[SHOULD BE OBTAINED FROM EYE SPECIALIST]

Branch Office _____ Agent's Name _____

Proposal No. _____ Agent's Code No. _____

Name of the Life to be Assured : _____

Age : _____

OPHTHALMIC REPORT

	Right Eye	Left Eye
1. What is the present visual occucity far and near, naked eye and with glasses		
Without Glasses		
With Glasses		
1A. (Power of Glasses)		
2. What is the nature of his refraction? Hypermetropia, Myopia etc.,		
3. If myopia, how long he has been wearing 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? Whether operated 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, describe in detail the abnormality and its significance.		

10. Opinion Regarding vision: Present Position:

Dated at _____ on the _____ day of _____ 20 _____.

_____ 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 Ophthalmologist Name: _____ Address: _____ Qualification: _____ Code No: _____
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