

OPHTHALMIC REPORT

Proposal No. _____ Agent's Name _____

Name of the life to be assured- _____ Agent's code _____
Age _____

OPHTHALMIC REPORT

- | | | | |
|--|---------------------------------|-------|------|
| 1. What is the present visual acuity far and near,
naked eye and with glasses?
(State the strength of glasses) | Without Glasses
With glasses | Right | Left |
|--|---------------------------------|-------|------|
2. What is the nature of his refraction?
Hypermetropia, myopia etc.
3. 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?
6. Are iris and pupil normal? If not describe the abnormality,
State papillary 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 signature
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Dated at on the day of200_____

Signature of the Life to be Assured

Signature of the Ophthalmologist

Qualification _____

Name & Address _____