

# Wellness Screening Recommendations for Adults

To stay healthy, it is important to get the care you need. This chart tells you what exams, tests, and vaccines you need and how often you should get them.

Needed	Recommendations	Action
<b>History &amp; Physical, Weight &amp; BMI</b>	<ul style="list-style-type: none"> <li>Every year.</li> </ul>	<input type="checkbox"/>
<b>Blood Pressure</b>	<ul style="list-style-type: none"> <li>Check at least annually &amp; at every visit (<i>more often if your BP is high</i>)</li> </ul>	<input type="checkbox"/>
<b>Cholesterol, Triglyceride, HDL/LDL</b>	<ul style="list-style-type: none"> <li>Starting at age 20, check at least every 5 years (<i>check more often if cholesterol is high</i>)</li> </ul>	<input type="checkbox"/>
<b>Colon Cancer Screening</b>	<ul style="list-style-type: none"> <li>Stool sample every year beginning at age 50.</li> <li>Starting at age 50, get a colonoscopy every 10 years (<i>more often if you are high risk</i>)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>
<b>Eye Exam</b>	<ul style="list-style-type: none"> <li>40-65 years: Every 2-4 years. Over 65 years: Every 1-2 years.</li> </ul>	<input type="checkbox"/>
<b>Immunizations</b> <ul style="list-style-type: none"> <li><b>Flu (influenza) Vaccine</b></li> <li><b>Tetanus/Diphtheria/Pertussis (Tdap)</b></li> <li><b>Hepatitis B</b></li> <li><b>Pneumovax (pneumonia)</b></li> <li><b>Zostavax</b></li> </ul>	<ul style="list-style-type: none"> <li>Every year for those age 50 &amp; older or at high risk (<i>check w/your PCP if high risk</i>)</li> <li>Every 10 years (<i>may need booster after injury</i>) [<i>If pregnant or age 65 &amp; older, get <b>Tetanus (Td)</b></i>]</li> <li>Certain job classifications (healthcare, police, fire, etc) &amp; high risk should be vaccinated—check with your PCP</li> <li>19-64 years: if you have any chronic disease or smoke. 1 time revaccination will be needed.</li> <li>65&gt;: 1 immunization at least 5 years after last immunization.</li> <li>≥60: 1 dose</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Skin</b>	<ul style="list-style-type: none"> <li>Check yourself for any spots, sores, and moles (<i>call your PCP if you're not sure</i>)</li> </ul>	<input type="checkbox"/>
<b>Teeth</b>	<ul style="list-style-type: none"> <li>Get an exam &amp; cleaning every 6 months.</li> </ul>	<input type="checkbox"/>
<b>HPV (Human Papillomavirus Immunization)</b>	<ul style="list-style-type: none"> <li>All members 9 – 26 years: 3-dose series (first dose <u>must be started by 26 years</u>, 6 months and last dose <u>prior to 27<sup>th</sup> birthday</u>)</li> </ul>	<input type="checkbox"/>

## For Women Only

	Recommendations	Action Needed
<b>Mammogram</b>	<ul style="list-style-type: none"> <li>Every year starting at age 40 – earlier if you are high risk for breast cancer (<i>check w/your PCP to see if you are high risk</i>)</li> </ul>	<input type="checkbox"/>
<b>Pap Test</b>	<ul style="list-style-type: none"> <li>Three years after you start having intercourse or no later than age 21</li> <li>Every 1 – 3 years (depending on type of test performed – check with your PCP or GYN specialist). Not indicated if you had a hysterectomy, unless the hysterectomy was for cancer.</li> <li>Stop at age 70, unless increased risk.</li> </ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Chlamydia</b>	<ul style="list-style-type: none"> <li>Annual screening for all sexually active women age 24 &amp; younger</li> </ul>	<input type="checkbox"/>
<b>Bone Density Screening for Osteoporosis</b>	<ul style="list-style-type: none"> <li>Starting at age 65 for all postmenopausal women; follow-up every 2 yrs</li> <li>Screening before age 65, if at risk for Osteoporosis (<i>check with your PCP to see if you are high risk</i>)</li> </ul>	<input type="checkbox"/> <input type="checkbox"/>

## For Men Only

	Recommendations	Action Needed
<b>Prostate Cancer Screening</b>	<ul style="list-style-type: none"> <li>Discuss the risks and potential benefits of screening with your PCP.</li> </ul>	<input type="checkbox"/>
<b>Testicular Self-exam</b>	<ul style="list-style-type: none"> <li>Once a month (<i>call your PCP if you're not sure</i>)</li> </ul>	<input type="checkbox"/>
<b>Screening for Abdominal Aortic Aneurysms (AAA)</b>	<ul style="list-style-type: none"> <li>Age 65-75: 1 time screening if you have smoked at least 100 cigarettes in your lifetime.</li> </ul>	<input type="checkbox"/>