

# Preventive Health Schedule

Individuals with no underlying medical conditions may wish to consider the following preventive health-screening schedule.

## General Testing

### Routine Physical

Once a year; should include blood pressure screening, weight check/BMI screening, skin cancer screening, depression screening, and drug/alcohol/tobacco use assessment.

### Colonoscopy

Every 10 years, beginning at **age 45** unless instructed otherwise by your physician.

### Cholesterol Screening

Every 5 years after **age 20**, unless instructed otherwise by your physician.

### Lung Cancer Screening

**Ages 55-80:** If you have a smoking history within the past 15 years. Once a year if you currently smoke.

### Hepatitis C Screening

Once for adults born between 1945-1965.

### Skin Cancer Screening

Individuals at an increased risk for skin cancer should regularly do a self-examination of their skin and notify their doctor if moles change. High-risk individuals are white males over 50, individuals with a history of significant sunburn or multiple moles.

## Vaccines

"Booster" immunizations can protect both adult men and women against tetanus, diphtheria, and whooping cough. Individuals who are 65+ years of age should receive vaccines instructed by their physician.

### Flu Shot

Individuals should receive a flu shot once a year.

### Shingles

**Zostavax:** Age 60 or older, one dose

**Shingrix:** Age 50 or older, two doses

### Tetanus Booster

Every 10 years

### Pneumonia Vaccine

High-risk population may require vaccine before the age of 65.

**Age 65+:** one or two doses in a lifetime

## Men

### Prostate Cancer Screening

**Age 50:** For men of average risk. Have a discussion with your physician to determine what screening is best suited to you.

**Ages 45:** Men of high risk; African American men who have a parent, brother, or child who was diagnosed with prostate cancer before age 65.

**Age 40:** Men at even higher risk due to having more than one first-degree relative who was diagnosed with prostate cancer before age 65.

## Women

### Pelvic & Breast Exam

**Age 40+:** Once a year, starting with annual visits.

### Mammogram

Women who have risk factors may start screening at a younger age. Please discuss with your physician.

**Age 45-54:** Once a year

**Age 55+:** Once every one to two years

### Bone Density Screening

Once at age **65**, unless instructed by your physician.

### Pap Smear

The frequency of cervical cancer screening and which tests you should have depend on your age and health history.

**Women aged 21-29** should have a Pap test every 3 years. HPV testing is not recommended.

**Women aged 30-65** should have a Pap test and an HPV test (co-testing) every 5 years (preferred). It also is acceptable to have a Pap test every 3 years.

*Your schedule may change based on risk factors and family history. Have a discussion with your physician to learn what your exact preventive schedule should look like. Visit the [CDC](https://www.cdc.gov) for more information on preventive health.*