NAME:

Preventive Screening & Immunization Guidelines: Women Age 19+

Routine Checkup Schedule & Record

19–21	22–26	27–49	50–59	60–64	65+
Yearly	Every 3–4 years depending on risk factors		Yearly	Yearly	Yearly

Weight→daily BMI LESS THAN 25	DATE: WT: BMI:	DATE: WT: BMI:	DATE: WT: BMI:	DATE: WT: BMI:	DATE: WT: BMI:	DATE: WT: BMI:
Blood pressure→yearly LESS THAN 130/80	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:
HDL cholesterol→1–5 years MORE THAN 50	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:
LDL cholesterol→1–5 years LESS THAN 70 WITH HEART DISEASE	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:
Triglycerides→1–5 years LESS THAN 150	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:
Dental→every 6 months	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:
Vision→every 1–2 years	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:
Hearing→if symptoms of loss	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:	DATE: RESULTS:

Health Screening Schedule & Record

Cancer	19–21	22–26	27–49	50–59	60–64	65+
Colorectal	Not routine unless you are at high risk.			Colonoscopy at 50, then every 10 years. Or fecal occult blood test every year and sigmoidoscopy every 5 years.		
	DATE:			DATE:		
	RESULTS:			RESULTS:		
Skin	Total skin exam every 3 years if recommended by health care provider.		Total skin exam every 3 years if recommended.			
	DATE:		DATE:			
	RESULTS:		RESULTS:			
Breast	Breast exam at each checkup.		Mammography every two years, starting at 50–74; before 50 if recommended by health care provider.			Mammography if recommended.
	DATE:		DATE:			DATE:
	RESULTS:		RESULTS:			RESULTS:
Cervical	Pap smear every 3 years starting at age 21–65. Or cytology with HPV testing every 5 years starting at age 30–65.					
	DATE:	DATE:	DATE:	DATE:	DATE:	
	RESULTS:	RESULTS:	RESULTS:	RESULTS:	RESULTS:	

Infectious Disease	19–21	22–26	27–49	50–59	60–64	65+
HIV	One time screening for HIV between ages 15–65, or every year if at very high risk (every 3–5 years if at increased risk). All pregnant women are screened for HIV.					
	DATE:			DATE:		
	RESULTS:			RESULTS:		

Immunization Schedule

Vaccines	19–21	22–26	27–49	50–59	60–64	65+
Tdap vaccine protects you from tetanus, diphtheria & pertussis.	Adults age 19–64 should receive one dose of tetanus-diphtheria-pertussis (Tdap) vaccine. Pregnant women should receive Tdap with every pregnancy. A tetanus-diphtheria (Td) booster should be received every 10 years after that.					
Influenza vaccine protects you from seasonal flu.	Yearly for everyone age 6 months and older.					
Pneumococcal vaccine protects you from pneumonia.	PCV13, 1 dose PPSV23, 1-2 doses					Once after age 65, even if vaccinated previously.
MMR vaccine protects you from measles, mumps & rubella.	For all adults born after 1957 who did not receive MMR when they were younger or have not had the diseases.					
***Meningococcal vaccines** protect you from meningococcal meningitis	If you did not receive these vaccines when you were younger, talk to your health care provider.					
Varicella vaccine protects you from chickenpox.	For all adults who did not receive it when they were younger or did not have the chickenpox.					
Herpes zoster vaccine protects you from shingles.					1 dose recommended for adults 60+.	
HPV vaccines protect you from the human papillomavirus.	If you did not receive these vaccines when you were younger, talk to your health care provider.					
***Hep A** protect you from hepatitis A infection.	2 doses if not immunized earlier if you are at risk.					
***Hep B** protect you from hepatitis B infection.	3 doses if not immunized earlier and you are at risk.					

***If medically needed.**

Immunization Record

	Vaccine	Date Given	Health Care Provider	Next Due Date
1	Tdap			
1	Td, tetanus booster			every 10 years
2	Td, tetanus booster			every 10 years
1	Flu (IIV/LAIV)			
2	Flu (IIV/LAIV)			
3	Flu (IIV/LAIV)			
4	Flu (IIV/LAIV)			
5	Flu (IIV/LAIV)			
6	Flu (IIV/LAIV)			
7	Flu (IIV/LAIV)			
8	Flu (IIV/LAIV)			
9	Flu (IIV/LAIV)			
10	Flu (IIV/LAIV)			
Other				
Other				
Other				
Other				
Other				

	Vaccine	Date Given	Health Care Provider	Next Due Date
1	*Hep B			
2	*Hep B			
3	*Hep B			
1	*Hep A			
2	*Hep A			
1	*Meningococcal			
2	*Meningococcal			
1	Varicella			
2	Varicella			
1	Zoster			
1	HPV			
2	HPV			
3	HPV			
1	MMR			
2	MMR			
1	Pneumococcal			
2	Pneumococcal			
3	Pneumococcal			

***If medically needed.**