

SCREENING TESTS & IMMUNIZATIONS, ADULT



BASIC INFORMATION

DESCRIPTION

Certain routine screening tests are sometimes recommended for healthy persons. Those listed here are very general guidelines for healthy adults who have no symptoms of disease. They are not standards to be used in every patient. Your own screening exams may differ.

SCREENING RECOMMENDATIONS

Age 18 to 39:

- Blood pressure (every 2 years).
- Cholesterol and triglycerides (every 5 years).
- Female: clinical breast exam (every 1 to 3 years).
- Female: pelvic exam and Pap smear (every 1 to 3 years).
- Female: Chlamydia test for sexually active under 25.
- Dental exam (every 6 to 12 months).
- Eye exam (every 3 to 5 years).

Age 40 to 64 (middle years):

- Blood pressure (every 2 years).
- Cholesterol levels (every 5 years).
- Digital rectal exam (yearly, or as advised).
- Fecal occult blood test or FOBT (yearly after age 50).
- Sigmoidoscopy, colonoscopy, or barium enema (every 3 to 5 years after age 50).
- Female: clinical breast exam (yearly).
- Female: mammogram (every 1 to 2 years beginning at age 40).
- Female: pelvic exam and Pap smear (yearly).
- Female: Bone density (age 60 if weigh 154 lbs. or less).
- Male: prostate specific antigen (yearly if risk factors).
- Dental exam (every 6 to 12 months).
- Eye exam (every 2 to 4 years).

Age 65 and over (senior years):

- Blood pressure (every 2 years, or yearly if have hypertension, or have risk factors).
- Hearing exam (yearly).
- Fecal blood occult test (FOBT) (yearly).
- Sigmoidoscopy, colonoscopy, or barium enema (every 3 to 5 years).
- Cholesterol levels (every 5 years).
- Digital rectal exam (yearly).
- Female: mammogram (every 1 to 2 years until age 75, unless an abnormality detected).
- Female: clinical breast exam (yearly until age 75, unless an abnormality is detected).
- Female: Bone density test (once, and then as recommended).
- Male: prostate specific antigen (yearly if risk factors, or if advised; up to age 75).
- Dental exam (every 6 to 12 months).
- Eye exam (every 1 to 2 years).

RECOMMENDED IMMUNIZATIONS

- Tetanus-diphtheria booster—once, between ages 14 to 16, then a booster every 10 years.
- Influenza vaccine—yearly.
- Pneumococcal vaccine—once, everyone over 65; and for below age 65 for medical or other indications.
- Measles, mumps, rubella (MMR) or varicella (chicken-pox)—1 to 2 doses, for persons without proof of immunity with occupational or other indications. Once, for women of childbearing age without proof of rubella immunity.
- Hepatitis A and hepatitis B vaccine—once, for persons in health care occupations or working with blood, intravenous drug users, those having multiple sexual partners or having sex with a hepatitis-infected person.
- Meningococcal (polysaccharide)—once, for persons with medical indications or other specific indications.



NOTIFY OUR OFFICE IF

You have questions about screening tests, the results of screening tests, or immunizations.

Special notes:

More notes on the back of this page