



Adult Screening Recommendations

Males Age 40-49

This schedule of preventive services reflects recommendations for healthy individuals who have no symptoms and are at “normal” risk. If you have a family history of cancer or other conditions, you and your health care team will consider further testing in addition to the preventive services recommended.

Care Team Evaluation

Immunizations	Flu vaccine every year; for all others, refer to CDC Adult Immunization schedule (http://www.cdc.gov/vaccines/schedules/downloads/adult/adult-schedule-easy-read.pdf)
Tobacco/Alcohol/Intimate Partner Violence	Every year
Blood Pressure/Obesity (Body mass index - BMI)	Every two years
Diabetes (Blood glucose)	Age 40-44: Every three years if hypertension and a BMI greater than 25 kg/m ² Age greater than or equal to 45: Every three years
Hypercholesterolemia (Lipids)	Every four to six years
Human Immunodeficiency Virus (HIV)	At least one lifetime screen
Hepatitis B (HepB) Screen (Blood Test)	Screen all adolescents and adults at high risk for HBV infection including those previously vaccinated
Hepatitis C Screen (Blood Test)	One time screen if born between 1945-1965

Provider Visits

Preventive Service Visit	Every five to ten years
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