



Adult Screening Recommendations

Females Age 18-39

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)	Every three years if hypertension and a BMI greater than 25 kg/m ²
Hypercholesterolemia (Lipids)	Every four to six years
Hepatitis B (HepB) Screen (Blood Test)	Screen all adolescents and adults at high risk for HBV infection including those previously vaccinated
Human Immunodeficiency Virus (HIV)	At least one lifetime screen
Chlamydia/Gonorrhea	Age less than or equal to 24 every year if sexually active; Age greater than 24 every year if at increased risk

Provider Visits

Preventive Service Visit	Age 21-29: Every three years Age 30-39: Every three to five years
Cervical Cancer (Pap)	Age 21-29: Every three years Age 30-39: Every three to five years