

# 2008 Clinical Preventive Care Guidelines

One of the most important steps you can take for your health is to schedule regular checkups. Use this schedule as a reference tool during discussions with your doctor to determine the best options specific to your needs. It is your responsibility to understand your company's benefit plan and coverage for preventive care. This schedule of preventive services is based on recommendations of the U.S. Preventive Services Task Force. This schedule is a partial list. For a complete list of recommended services, visit the Agency for Healthcare Research and Quality (AHRQ) Web site at [www.ahrq.gov](http://www.ahrq.gov).

## Adult (age 19+) Preventive Schedule

General Health	
Physical Exams/Health Guidance	Annually.
Blood Pressure Screening	During each office visit. Minimum of once every two years. Annually, if diastolic > 85 or systolic > 130 mmHg.
Pelvic Exam	Annually.
Breast Exam by Practitioner	Annually.
Diagnostic Screenings	
Lipid Disorders (Cholesterol)	Regularly for males starting at age 35 and for females at age 45 with no risk factors. If you smoke or have diabetes, or heart disease runs in your family, start check at age 20.
Fasting Blood Glucose	Consult your doctor.
Mammogram	Every 1 to 2 years starting at age 40.
Pap Test	Every 1 to 3 years if you have been sexually active or are older than 21.
Chlamydia and Other Sexually Transmitted Disease (STD) Screenings	24 years or younger if sexually active; if age 25 or older talk to your doctor.
Bone Mineral Density Screening	Routinely for women starting at age 65 and for those at age 60 who are at increased risk for osteoporotic fractures.
Prostate Cancer Screening	Consult your doctor.
Colorectal Cancer Screening	Regularly starting at age 50.
Abdominal Aortic Aneurysm Screening	One-time screening for men ages 65 to 75 who have ever smoked.
Immunizations*	
Diphtheria, Tetanus, Pertussis (TDAP)	Age 19+: Booster every 10 years.
Measles, mumps, rubella (MMR)	Ages 19-49: 1 or 2 doses. By doctor recommendation ages 50+: 1 dose
Varicella	Ages 19-49: 2 doses (0, 4-8 weeks). By doctor recommendation ages 50+: 2 doses (0, 4-8 weeks)
Influenza**	Ages 50+: 1 dose annually. By doctor recommendation ages 19-49: 1 dose
Pneumococcal (polysaccharide)**	Ages 65+: 1-2 doses. By doctor recommendation ages 19-64: 1 dose
Hepatitis A**	Ages 19+: 2 doses (0, 6-12 months; or 0, 6-18 months)
Hepatitis B**	Ages 19+: 3 doses (0, 1-2, 4-6 months)
Meningococcal**	Ages 19+: 1 or more doses
Human Papillomavirus Virus (HPV)	Females ages 19-26: 3 doses (may be administered to females as young as 9 years)
Shingles (Zoster)	Ages 60+: 1 dose

\* Some immunizations are contraindicated for certain conditions, including pregnancy and HIV infection. Consult AHRQ for a complete list, and discuss with your physician.

\*\* For select populations. Details on recommendations may be found on the Center for Disease Control Web site at [www.cdc.gov/nip/recs/adult-schedule.htm#print](http://www.cdc.gov/nip/recs/adult-schedule.htm#print).

# Children & Adolescents (Birth -18 years of age) Preventive Schedule

See complete list of footnotes and details regarding child immunizations on the AHRQ Web site at [www.ahrq.gov](http://www.ahrq.gov), and discuss with your physician.

\*\*Advisory Committee for Immunization Practices (ACIP) recommended guideline

	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	24 months	4-6 years	11-12 years	13-14 years	15 years	16-18 years
Wellness Exam			•	•	•	•		•	•			— • — (Annually)		
Vision Screening			•	•	•	•		•	•			— • — (Annually)		
<b>Immunizations *</b>														
Hepatitis A										— • —				
Hepatitis B	•	— • —				— • —								
Diphtheria, Tetanus, Pertussis (DTAP)			•	•	•		— • —			•		— • —		
Haemophilus influenzae type b			•	•		— • —								
Inactivated Poliovirus			•	•		— • —				•				
Measles, mumps, rubella (MMR)						— • —				•				
Varicella						— • —								
Meningococcal												— • —		
Pneumococcal			•	•	•	— • —					— • —			
Influenza <i>Children 8 years of younger should receive 2 does at least 4 weeks apart</i>										— • — (Annually)				
Roto Virus (RotoTeq)** <i>6 to 12 week intervals completed by 32 weeks</i>			•	•										
Human Papillomavirus Virus (HPV). <i>Given as a 3-dose series</i>												— • — (Females only)		

— • — Represents a range of recommended ages

CARE FOR PATIENTS WITH RISK FACTORS: Appropriate testing should be done at the doctor's discretion, based on family history and personal risk factors.