

Suggested Screening Guidelines *for Women**

**Individual risks and insurance coverage may vary. Ask your doctor about what is appropriate for you.*

	Ages 18 – 34	Ages 35 – 49	Ages 50 – 64	Ages 65+
PHYSICAL	General Physical	Every 1 to 2 years	Every year after age 40	Every year
	Blood Pressure Check	As part of your routine physical exam, blood pressure will be checked for all age groups.		
	Weight Management	Ask your doctor to calculate your Body Mass Index (BMI) during your routine physical exam.		
BLOOD TESTS	Cholesterol	Every 1 to 5 years depending on your first results	Every 1 to 5 years depending on your test results	Every 1 to 5 years depending on your test results
	Blood Sugar for Diabetes	Ask about your risk	Ask about your risk	Every 1 to 3 years
CANCER SCREENINGS	Pelvic Exam	May be part of physical exam every 1 to 2 years; If sexually active, screen for sexually transmitted diseases (STD)	May be part of physical exam every year after age 40	May be part of physical exam every year
	Pap Test for Cervical Cancer	Every 1 to 2 years from age 21 <i>OR</i> within 3 years of becoming sexually active	Every 1 to 3 years, based on the type of test used and on your risk factors	Every 1 to 3 years, based on the type of test used and on your risk factors
	Colon Cancer	Ask about your risk	Ask about your risk	Stool test for hidden blood every year or Sigmoidoscopy every 5 years or Colonoscopy every 10 years.
	Clinical Breast Exam	May be part of the Physical Exam	As part of Physical Exam	As part of Physical Exam
	Mammogram for Breast Cancer	Ask about your risk	Every year, starting at age 40	Every Year
	Visual Check for Skin Cancer	Check for changes of moles or lesions	Check for changes of moles or lesions	Check for changes of moles or lesions
	Bone Density Test	Ask about your risk	Ask about your risk	Discuss your risk and prevention strategies every year
OTHER	Glaucoma Test	Not usually needed	Every 3 years after age 40, if considered high risk for glaucoma	Every 3 years
	Hearing Test	Not usually needed	Not usually needed	Review with health provider on a yearly basis
	Mental Health Screening	Ask about your risk	Ask about your risk	Ask about your risk
	Bone Density Test	First test at 65, if not previously done. Discuss risks and prevention strategies every year		
VACCINES	Flu Vaccine	Every year, if high risk	Every year, if high risk	Every year
	HPV Vaccine	For girls and women, ages 9 to 26	Not eligible	Not eligible
	Pneumonia Vaccine	Not usually needed	Usually not required, unless risk factors present	Usually not required, unless risk factors present
	Tetanus	Once, then booster every 10 years	Booster every 10 years	Booster every 10 years