

# GENERAL SCREENINGS AND IMMUNIZATIONS FOR WOMEN



womenshealth.gov

1-800-994-9662

TDD: 1-888-220-5446

These charts are guidelines only. Your doctor will personalize the timing of each test and immunization to meet your health care needs.

Screening Tests	Ages 18–39	Ages 40–49	Ages 50–64	Ages 65 and Older
<b>General Health:</b> Full checkup, including weight and height	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Thyroid test (TSH) <sup>1</sup>	Start at age 35, then every 5 years	Every 5 years	Every 5 years	Every 5 years
<b>Heart Health:</b> Blood pressure test <sup>2</sup>	At least every 2 years	At least every 2 years	At least every 2 years	At least every 2 years
Cholesterol test <sup>3</sup>	Start at age 20, discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
<b>Bone Health:</b> Bone mineral density test <sup>4</sup>		Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Get a bone mineral density test at least once. Talk to your doctor or nurse about repeat testing.
<b>Diabetes:</b> Blood glucose test <sup>5</sup>	Discuss with your doctor or nurse.	Start at age 45, then every 3 years	Every 3 years	Every 3 years
<b>Breast Health:</b> Mammogram (x-ray of breast) <sup>6</sup>		Every 1-2 years. Discuss with your doctor or nurse.	Every 1-2 years. Discuss with your doctor or nurse.	Every 1-2 years. Discuss with your doctor or nurse.
<b>Reproductive Health:</b> Pap test & pelvic exam <sup>7</sup>	Every 1-3 years if you have been sexually active or are older than 21	Every 1-3 years	Every 1-3 years	Discuss with your doctor or nurse.
Chlamydia test <sup>8</sup>	Yearly until age 25 if sexually active. Older than age 25, get this test if you have new or multiple partners. All pregnant women should have this test.	Get this test if you have new or multiple partners. All pregnant women should have this test.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.
Sexually transmitted disease (STD) tests <sup>8</sup>	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.	Both partners should get tested for STDs, including HIV, before initiating sexual intercourse.
<b>Mental Health Screening</b> <sup>9</sup>	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.

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Colorectal Health: Fecal occult blood test <sup>10,11</sup>			Yearly	Yearly
Flexible sigmoidoscopy (with fecal occult blood test is preferred) <sup>10,11</sup>			Every 5 years (if not having a colonoscopy)	Every 5 years (if not having a colonoscopy)
Double Contrast Barium Enema (DCBE) <sup>10,11</sup>			Every 5-10 years (if not having a colonoscopy or sigmoidoscopy)	Every 5-10 years (if not having a colonoscopy or sigmoidoscopy)
Colonoscopy <sup>10,11</sup>			Every 10 years	Every 10 years
Rectal exam <sup>10,11</sup>	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Every 5-10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)	Every 5-10 years with each screening (sigmoidoscopy, colonoscopy, or DCBE)
<b>Eye and Ear Health:</b> Eye exam <sup>12</sup>	If you have any visual problems; at least one exam from ages 20-29 and at least two exams from ages 30-39.	Every 2-4 years	Every 2-4 years	Every 1-2 years
Hearing test <sup>13</sup>	Starting at age 18, then every 10 years	Every 10 years	Every 3 years	Every 3 years
<b>Skin Health:</b> Mole exam <sup>14</sup>	Monthly mole self-exam; by a doctor every 3 years, starting at age 20.	Monthly mole self-exam; by a doctor every year.	Monthly mole self-exam; by a doctor every year.	Monthly mole self-exam; by a doctor every year.
<b>Oral Health:</b> Dental exam <sup>15</sup>	One to two times every year	One to two times every year	One to two times every year	One to two times every year
<b>Immunizations:</b> Influenza vaccine <sup>16</sup>	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Yearly	Yearly
Pneumococcal vaccine <sup>16</sup>				One time only
Tetanus-diphtheria booster vaccine <sup>16</sup>	Every 10 years	Every 10 years	Every 10 years	Every 10 years
Human papillomavirus vaccine (HPV) <sup>17</sup>	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	Discuss with your doctor or nurse.	
Meningococcal vaccine <sup>18</sup>	Discuss with your doctor or nurse if attending college.			



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## Citations

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