

The Preventive Care Checklist

Ages 20-40



Vaccine or Screening	Frequency	Male	Female
Vaccines			
Flu Shot	Annually	✓	✓
Tetanus Booster	Every 10 years	✓	✓
Whooping Cough (Tdap Booster)	Once in adulthood, unless vaccinated as a teenager; recommended during the early part of the third trimester of pregnancy to protect the newborn from pertussis	✓	✓
Human Papillomavirus (HPV) 3-Dose Series	Once in adulthood, recommended between the ages of 13 to 26; shared clinical decision-making regarding HPV vaccination is recommended for some adults aged 27 through 45 who are not adequately vaccinated*	✓	✓
Screenings Specific recommendations may differ for transgender or gender diverse people. Please consult your provider.			
Cholesterol	Every 4-6 years	✓	✓
Hepatitis C Virus (HCV) Infection	At least once in adulthood	✓	✓
Hepatitis B	At least one using a triple panel test	✓	✓
HIV	At least once in adulthood recommended during pregnancy in many cases	✓	✓
Testicular Cancer**	Regular self-exams and annual clinical exams or as deemed appropriate by a provider	✓	
Depression	Annually	✓	✓
Blood Pressure	Every 2 years (minimum)	✓	✓
Clinical Breast Exam**	Every 1-3 years		✓
Cervical Cancer**	Every 3 years		✓
Skin Cancer**	Annual dermatologic exam	✓	✓

*Catch-up HPV vaccination is not recommended for all adults older than 26 years. HPV vaccines are not licensed for use in adults older than 45 years.

**Most cancer screening guidelines change in context of family history, known genetic mutations, or other independent risk factors. Discuss with your primary care physician.