

# The Preventive Care Checklist

## Ages 40-60



Vaccine or Screening	Frequency	Male	Female
<b>Vaccines</b>			
Flu Shot	Annually	✓	✓
Tetanus Booster	Every 10 years	✓	✓
Whooping Cough (Tdap Booster)	Once in adulthood, unless vaccinated as teenager	✓	✓
Human Papillomavirus (HPV) 3-Dose Series	Shared clinical decision-making is recommended for some adults ages 27-45 years who are not adequately vaccinated*	✓	✓
Shingles 2-Dose Vaccine Series	Once in adulthood	✓	✓
<b>Screenings</b> 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	✓	✓
Testicular Cancer**	Regular self-exams and annual clinical exams or as deemed appropriate by a provider	✓	
Prostate Cancer**	Shared decision-making for prostate-specific antigen (PSA) tests is recommended for adults ages 55-69	✓	
Depression	At least once in adulthood	✓	✓
Blood Pressure	Every 2 years (minimum)	✓	✓
Clinical Breast Exam**	Every 1-3 years		✓
Cervical Cancer**	Every 5 years, depending on mode of screening		✓
Type 2 Diabetes	Every 3 years	✓	✓
Breast Cancer**	Guidelines vary; shared decision-making is recommended for adults ages 40-49, and every 1-2 years after	✓	✓
Skin Cancer**	Annual dermatologic exam	✓	✓
Colon Cancer**	Colonoscopy is recommended every 10 years starting at age 45; stool-based testing frequency varies depending on mode of screening	✓	✓
Low-Dose Computed Tomography (LDCT) Lung Cancer**	Recommended annually for adults ages 50-80 who have a 20-pack/year smoking history and currently smoke or have quit within the past 15 years***	✓	✓
Osteoporosis	Osteoporosis screening is recommended for older men with risk factors		✓
Pancreatic Cancer**	Annually, if BRCA**** is known and positive	✓	✓

\*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 and should be discussed with your primary care physician.

\*\*\*Screening should be discontinued once a person has not smoked for 15 years or develops a health problem that substantially limits life expectancy or the ability or willingness to have curative lung surgery.

\*\*\*\*According to the CDC, BRCA 1 and BRCA 2 are the genes most commonly affected in hereditary breast and ovarian cancer. About 3% of breast cancers (about 7,500 women per year) and 10% of ovarian cancers (about 2,000 women per year) result from inherited mutations in the BRCA1 and BRCA2 genes.