

Health Screening Checklist (Male)

Age 18 and Older _____	Frequency	Complete	Date
Complete Physical Exam (Skin Check)	Yearly	<input type="checkbox"/>	
Dental Exam	At least once a year	<input type="checkbox"/>	
Eye Exam	At least every 2 years (Diabetic's 1x/year)	<input type="checkbox"/>	
Infectious Disease Screening	As needed depending on lifestyle	<input type="checkbox"/>	
Immunizations	As needed/recommended	<input type="checkbox"/>	
Blood Pressure Check	At least every 2 years	<input type="checkbox"/>	
Cholesterol Screening	At least once every 5 years	<input type="checkbox"/>	
Diabetes Screening	As recommended by provider	<input type="checkbox"/>	
Testicular Exam	As recommended by provider	<input type="checkbox"/>	
Age 40 and Older _____			
Prostate Cancer Screening	As recommended by provider	<input type="checkbox"/>	
Lung Cancer Screening	As recommended by provider	<input type="checkbox"/>	
Osteoporosis Screening	As recommended by provider	<input type="checkbox"/>	
Colon Cancer Screening	At least once, then based on initial test results	<input type="checkbox"/>	
Age 65 and Older _____			
Abdominal Aortic Aneurysm Screening	As recommended by provider	<input type="checkbox"/>	
Hearing Test	As needed	<input type="checkbox"/>	