

Child

Preventive care time line

Protect Your Child's Health and Yours Through Preventive Care

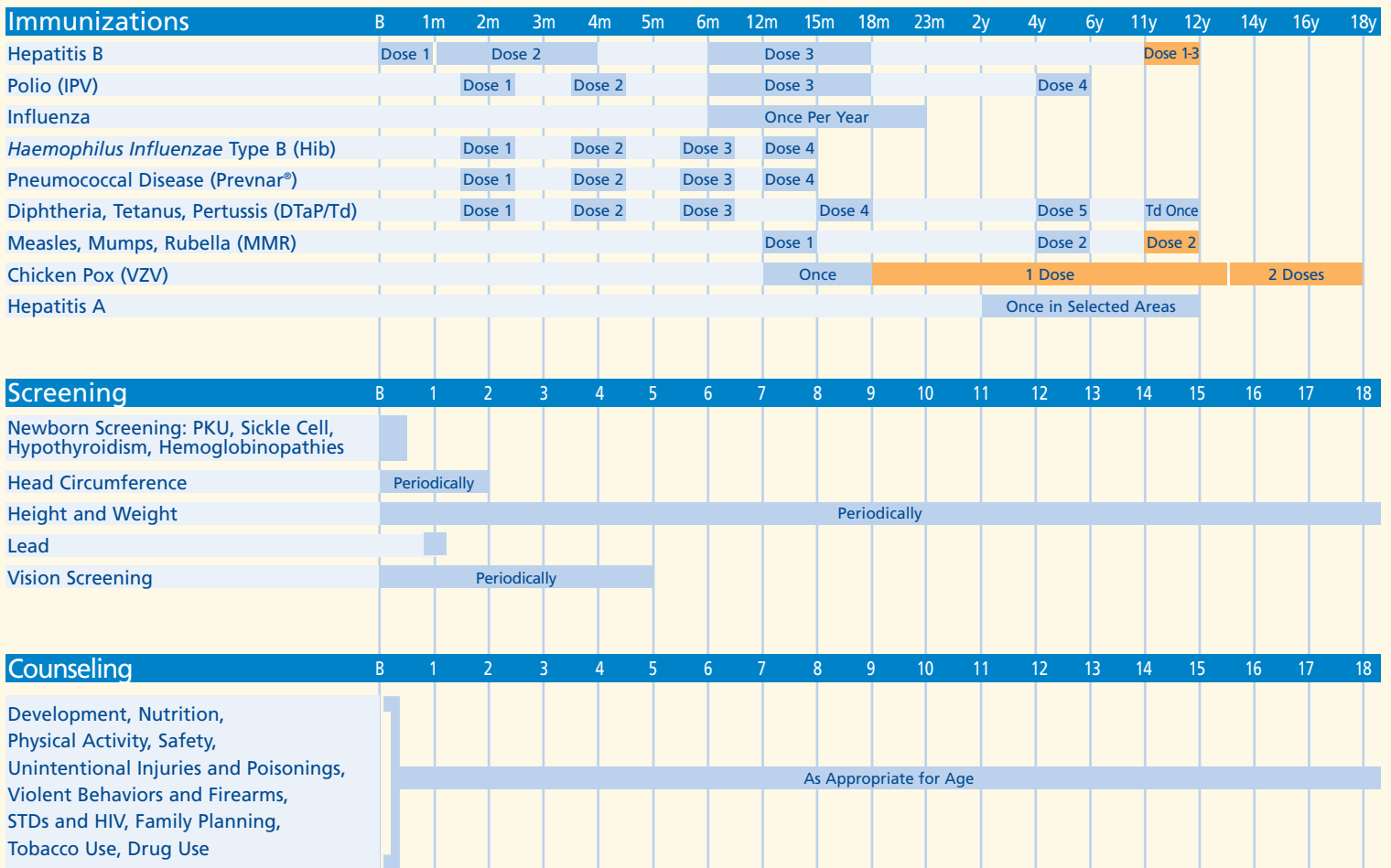
Preventive services are extremely important when it comes to being proactive about your health, and that of your family. They can lead to the early detection and treatment of harmful diseases and conditions, and help you avoid common illnesses.

These charts provide schedules of preventive care guidelines that are recommended for healthy adults and children by leading health authorities. Talk with your doctor about these guidelines to determine what is appropriate for you and your family members' individual needs.

— Recommended

— Catch-up, if previously not received

Months / Years of Age



Adult and Child Preventive Care Time Lines adapted from the recommendations of the Agency for Healthcare Research and Quality (AHRQ), and sponsored by the U.S. Preventive Services Task Force and the AHRQ *Put Prevention Into Practice* program. For more information, visit www.ahrq.gov/clinic/prevenix.htm.

Adult and Child Immunization schedules adapted from the recommendations of the Centers for Disease Control and Prevention (CDC). For more information, visit www.cdc.gov/nip/.

Adult cancer screening guidelines adapted from the recommendations of the National Cancer Institute (NCI). For more information, visit www.cancer.gov.

Important: Coverage for services related to the preventive care guidelines may vary by health benefits plan. Please check your benefits descriptions for details.

Adult

Preventive care time line

| | Years of Age | | | | | | | | | | | | | |
|--|--|----|----|----|----|----|----|----|----|----|----|----|---|--|
| | 18 | 25 | 30 | 35 | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | < | |
| Immunizations | | | | | | | | | | | | | | |
| Tetanus-Diphtheria (Td) | Every 10 Years | | | | | | | | | | | | | |
| Varicella (VZV) | Susceptibles Only — 2 Doses | | | | | | | | | | | | | |
| Measles, Mumps, Rubella (MMR) | Susceptibles Only — Women of Childbearing Age — 1 Dose | | | | | | | | | | | | | |
| Pneumococcal Disease | 1 Dose | | | | | | | | | | | | | |
| Influenza | Once Per Year | | | | | | | | | | | | | |
| Screening | | | | | | | | | | | | | | |
| Blood Pressure, Height and Weight | Periodically | | | | | | | | | | | | | |
| Cholesterol | Men: Every 5 Years | | | | | | | | | | | | | |
| | Women: Every 5 Years | | | | | | | | | | | | | |
| Pap Smear* | Women: Every 1 to 3 Years | | | | | | | | | | | | | |
| Chlamydia | | | | | | | | | | | | | | |
| Mammography | Every 1 to 2 Years | | | | | | | | | | | | | |
| Alcohol Use | Periodically | | | | | | | | | | | | | |
| Vision, Hearing | Periodically | | | | | | | | | | | | | |
| Fecal Occult Blood | Every 1 to 2 Years | | | | | | | | | | | | | |
| Either of the following: | | | | | | | | | | | | | | |
| Sigmoidoscopy or | Every 5 Years | | | | | | | | | | | | | |
| Colonoscopy** | Every 10 Years | | | | | | | | | | | | | |
| Drugs for Prevention | | | | | | | | | | | | | | |
| Aspirin to Prevent Cardiovascular Events | Those at Risk Consult Your Doctor | | | | | | | | | | | | | |
| Counseling | | | | | | | | | | | | | | |
| Calcium Intake | Women: Periodically | | | | | | | | | | | | | |
| Folic Acid | Women of Childbearing Age | | | | | | | | | | | | | |
| Tobacco Cessation, Drug and Alcohol Use, STDs and HIV, Nutrition, Physical Activity, Sun Exposure, Oral Health, Injury Prevention and Polypharmacy | Periodically | | | | | | | | | | | | | |

*Some women older than age 30 may only need a Pap Smear every three years, depending on the results of previous tests. Talk to your doctor to determine what's appropriate for you.

**Based on a recommendation of the U.S. Preventive Services Task Force. For more information, visit www.ahcpr.gov/clinic/uspstf/uspstfcol.htm.