Be happy. Stay healthy.

Important Dates to Remember

Immunizations and screenings are easy to forget, yet they are a vital part of leading a healthy life. We hope this handy card with important health maintenance reminders will be helpful to you and your family.
Health Maintenance for Adults

Women

Cervical Cancer Screening (Pap Smear): Every 3 years for women age 21–29 and every 5 years for women age 30–64. (May differ depending on your situation; consult your provider.)
Dates: __________  __________  __________  __________  __________

Breast Cancer Screening: Mammograms yearly or every other year, generally beginning at age 45. (Consult your provider for personalized recommendations.)
Dates: __________  __________  __________  __________  __________

Osteoporosis Screening: DXA scan once after age 65 or if high risk. (Consult your provider.)
Date: __________

Men

Prostate Cancer Screening: Discuss with your provider.

Abdominal Aneurysm Screening: Ultrasound once between ages 65 and 75 if a history of smoking.

Women and Men

Colon Cancer Screening: Preferred method—Colonoscopy every 10 years, beginning at age 50. Other acceptable methods—High-sensitivity Fecal Occult Blood Test (FOBT) every year (and if positive, then colonoscopy) OR (least preferred method) high-sensitivity FOBT every 3 years combined with flexible sigmoidoscopy every 5 years.
Date: __________  Recommendation: ____________
Date: __________  Recommendation: ____________
Date: __________  Recommendation: ____________

Cholesterol Testing: Beginning at age 20, every 1–5 years.
Dates: __________  __________  __________  __________

Diabetes Screening: Beginning at age 45, every 3 years. (Consult your provider.)
Dates: __________  __________  __________  __________

Immunizations:
- Substitute Tdap (tetanus, diphtheria, pertussis) one time for adults, then tetanus and diphtheria booster (Td) every 10 years.
  Dates: __________  __________  __________  __________
- Flu shot every year.
  Dates: __________  __________  __________  __________
- Zoster (shingles) vaccine once at age 60 or above.
  Date: __________
- Pneumococcal (Pneumovax) vaccine at age 65 (earlier if recommended by your provider).
  Date: __________
Health Maintenance for Children

Newborn and well-child exams include a variety of health and development screenings, as well as immunizations to keep your kids healthy. We recommend visits at the following ages:

- 2-3 days after discharge
- 14 days
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 2 years
- Annually after 2 years

Immunization Schedule

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>Ages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hepatitis B</td>
<td>Birth, 1–4 mo, 6–18 mo</td>
</tr>
<tr>
<td>Diphtheria, Tetanus, Pertussis (DTaP)</td>
<td>2 mo, 4 mo, 6 mo, 15–18 mo, 4–6 yrs</td>
</tr>
<tr>
<td>Haemophilus Influenzae Type B (Hib)</td>
<td>2 mo, 4 mo, 6 mo, 12–15 mo</td>
</tr>
<tr>
<td>Polio (IPV)</td>
<td>2 mo, 4 mo, 6–18 mo, 4–6 yrs</td>
</tr>
<tr>
<td>Pneumococcal (Prevnar)</td>
<td>2 mo, 4 mo, 6 mo, 12–15 mo</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>2 mo, 4 mo, 6 mo</td>
</tr>
<tr>
<td>Measles/Mumps/Rubella (MMR)</td>
<td>12–15 mo, 4–6 yrs</td>
</tr>
<tr>
<td>Chicken Pox (Varicella)</td>
<td>12–15 mo, 4–6 yrs</td>
</tr>
<tr>
<td>Hepatitis A</td>
<td>2 doses 6 mo apart after the first birthday</td>
</tr>
<tr>
<td>Influenza</td>
<td>Yearly for children 6 mo and older*</td>
</tr>
<tr>
<td>Human Papillomavirus (HPV, Gardasil)</td>
<td>9–26 yrs, 2-shot or 3-shot series</td>
</tr>
<tr>
<td>Meningitis (Menactra)</td>
<td>First dose 11–12 yrs, second dose 16–17 yrs</td>
</tr>
<tr>
<td>Tetanus, Diphtheria, Pertussis (Tdap)</td>
<td>11–12 yrs</td>
</tr>
</tbody>
</table>

*Two doses given at least four weeks apart are recommended for children 6 months through 8 years of age who are getting an influenza (flu) vaccine for the first time.

Notes

________________________________________________________________________
________________________________________________________________________
A Place to Keep Track of Your Health and Exams

Make notes here about your family’s check-up schedules, immunizations and medications, and file in a special place.

Notes
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Medications
List all of the medications you’re currently taking and indicate which are prescribed.

__________________________________________
__________________________________________
__________________________________________
__________________________________________

Pacific Medical Centers and its Affiliates do not discriminate on the basis of race, color, national origin, sex, age, or disability in their health programs and activities.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 888-311-9127 (TTY: 711).

注意：如果您講中文，我們可以給您提供免費中文翻譯服務，請致電 888-311-9127 (TTY: 711)