

MEN'S HEALTH CHECKLIST

AGES 18 - 39

Recommended Screenings & Checkups	Frequency	Appointment Date	<input checked="" type="checkbox"/>
Cancer Detection			
Skin Self Exam	Monthly		<input type="checkbox"/>
Testes Self Exam	Monthly		<input type="checkbox"/>
Oral Self Exam	Monthly		<input type="checkbox"/>
Breast Self Exam	Monthly		<input type="checkbox"/>
Complete Health Exam	Every 3 Years		<input type="checkbox"/>
Cervical Cytology (Recommended for some transgender men aged 21+)	Every 3 Years		<input type="checkbox"/>
Heart Disease and Diabetes Prevention			
Blood Pressure Screening	Yearly		<input type="checkbox"/>
Cholesterol Screening	Yearly		<input type="checkbox"/>
EKG	At Age 30		<input type="checkbox"/>
Vaccines			
Human Papillomavirus Infection (HPV) Vaccine	Once if under 26		<input type="checkbox"/>
Whooping Cough Vaccine	Once		<input type="checkbox"/>
Flu Shot	Yearly		<input type="checkbox"/>
Tetanus Booster	Every 10 Years		<input type="checkbox"/>
General Men's Health			
Fasting glucose and lipid profile CBC, ALT+/- AST, Free+Total Testosterone (Recommended for transgender men)	Yearly		<input type="checkbox"/>
TB Skin Test	Every 5 Years		<input type="checkbox"/>
STD Screening	Varies by Risk		<input type="checkbox"/>