

MEN'S HEALTH CHECKLIST

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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"/>
Digital Rectal Exam, Guaiac-Based Fecal Occult Blood Test (gFOBT), or Fecal Immunochemical Test (FIT)	Yearly		<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"/>
Prostate-Specific Antigen (PSA) Blood Test	Every 3 Years		<input type="checkbox"/>
Multi-Targeted Stool DNA Test	Every 3 Years		<input type="checkbox"/>
Colonoscopy, CT Colonoscopy, or Flexible Sigmoidoscopy	Every 5-10 Years		<input type="checkbox"/>
Heart Disease and Diabetes Prevention			
Blood Pressure Screening	Yearly		<input type="checkbox"/>
Cholesterol Screening	Yearly		<input type="checkbox"/>
EKG	Every 2 Years		<input type="checkbox"/>
Vaccines			
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"/>
Chest X-Ray (Recommended for smokers over the age of 45)	Discuss with Physician		<input type="checkbox"/>
EKG	Discuss with Physician		<input type="checkbox"/>