

MEN'S HEALTH CHECKLIST

AGES 50 - 65+

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	Yearly		<input type="checkbox"/>
Guaiac-Based Fecal Occult Blood Test (gFOBT), or Fecal Immunochemical Test (FIT)	Yearly		<input type="checkbox"/>
Digital Rectal Exam	Yearly		<input type="checkbox"/>
Low Dose Helical CT (LDCT)	Yearly		<input type="checkbox"/>
Prostate-Specific Antigen (PSA) Blood Test	Yearly		<input type="checkbox"/>
Mammography (Recommended for some transgender men)	Every 2 Years		<input type="checkbox"/>
Cervical Cytology (Recommended for some transgender men)	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"/>
Double Contrast Barium Enema	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	Yearly		<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"/>
Testosterone Screening (Ages 60+)	Discuss with Physician		<input type="checkbox"/>