

Preventive Screening Guidelines for Healthy Men*

Routine Checkups	18-29 years	30–39 years	40-49 years	50-64 years	65+ years
Includes personal history; blood pressure; Body Mass Index (BMI); physical exam; preventive screening; and counseling	Annually for ages 18–21 Every 1–3 years depending on risk factors ^{**}		Annually	Annually	
Cancer Screenings					
Colorectal Cancer	Not routine except if at high risk**			Colonoscopy at age 50 and then every 10 years, or annual fecal occult blood test (FOBT) plus sigmoidoscopy every 5 years, or sigmoidoscopy every 5 years, or double- contrast barium enema every 5 years	
Skin Cancer	Periodic total skin exams every 3 years at discretion of clinician Annual tota			l skin exam at discretion of clinician	
Testicular and Prostate Cancer	Clinical testicular exam every 1–3 years and monthly self-exam Digital Rectal Exam (DRE) or prostate specific antigen (PSA) blood test if at high risk**			Annual Digital Rectal Exam (DRE) or prostate specific antigen (PSA) blood test at discretion of clinician	
Other Recommended Screenings					
Body Mass Index (BMI)	Annually at discretion of clinician				
Blood Pressure (Hypertension)	At every acute/nonacute medical encounter and at least once every 2 years				
Cholesterol	Every 5 years or more often at discretion of clinician				
Diabetes (Type 2)	Every 3 years beginning at age 45 or more often and beginning at a younger age at discretion of clinician				
Infectious Disease Screening					
Sexually Transmitted Infections (Chlamydia, Gonorrhea, and Syphilis)	Annual screenings for sexually active people under 25; annually for people age 25 and over if at risk**				
Sensory Screenings					
Eye Exam for Glaucoma	At least once. Every	3–5 years if at risk**	Every 2-	-4 years	Every 1–2 years
Hearing and Vision Assessment	At discretion of clinician				
Immunizations					
Tetanus, Diphtheria (Td)	3 doses if not previously immunized. Booster every 10 years				
Influenza	Every year if at high risk**				Annually
Pneumococcal	If at high risk *** and not previously immunized				Once after age 65, even if previously vaccinated

^{*}Please check subscriber certificate/benefit description for a complete listing of covered tests and procedures. Your plan may not cover every screening test listed. **Contact your physician to determine if you are at risk.

The following screening tests and vaccinations are not routinely recommended, but may be appropriate depending on your age and/or risk: HIV test (HIV/AIDS); Hepatitis A, B, and C tests; Glucose (Type II Diabetes) test; Tuberculosis skin test; and Measles, Mumps, Rubella, Meningococcal, Hepatitis A and B, and Chicken Pox vaccines. The Preventive Screening Guidelines for Healthy Adult Men are general guidelines for healthy adult men with no current symptoms or personal history of medical conditions. Men with medical conditions, or those with a family history for certain diseases, should talk with their doctor about the right recommendations for them. These guidelines were developed by Massachusetts Health Quality Partners (MHQP), a broad-based coalition of health care providers, plans, and purchasers working together to promote improvement in the quality of health care services in Massachusetts. Blue Cross Blue Shield of Massachusetts is an MHQP member.

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