

# A Healthy **YOU** Checklist

Taking care of your body is training, too. Use this checklist to keep your health screenings on schedule. Check the box, write in the date, and you'll know exactly where you stand next year.

*Screening intervals vary by age, family history, and personal risk. Treat the timing below as a starting point and confirm what's right for you at your next wellness visit.*

| ✓                        | YOUR CHECK                                                                                                                   | HOW OFTEN                                        | DATE DONE |
|--------------------------|------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------|
| <input type="checkbox"/> | <b>Wellness Check</b><br><i>Annual physical with your provider</i>                                                           | Every year                                       | _____     |
| <input type="checkbox"/> | <b>Pap Smear</b><br><i>Cervical cancer screening</i>                                                                         | Every 3 to 5 years, more often with risk factors | _____     |
| <input type="checkbox"/> | <b>Mammogram</b><br><i>Breast cancer screening</i>                                                                           | Every 1 to 2 years, starting at 40               | _____     |
| <input type="checkbox"/> | <b>Colonoscopy</b><br><i>Colorectal cancer screening</i>                                                                     | Every 10 years, starting at 45                   | _____     |
| <input type="checkbox"/> | <b>Skin Check</b><br><i>Full-body mole and skin exam</i>                                                                     | Every year, or sooner if changes                 | _____     |
| <input type="checkbox"/> | <b>Bone Density Check</b><br><i>DEXA scan for bone strength</i>                                                              | Baseline at 65, earlier with risk factors        | _____     |
| <input type="checkbox"/> | <b>Cholesterol Check</b><br><i>Lipid panel blood test</i>                                                                    | Every 4 to 6 years, more often with risk factors | _____     |
| <input type="checkbox"/> | <b>Eye Exam</b><br><i>Vision and glaucoma check</i>                                                                          | Every 1 to 2 years                               | _____     |
| <input type="checkbox"/> | <b>Teeth Cleaning</b><br><i>Dental exam and cleaning</i>                                                                     | Every 6 months                                   | _____     |
| <input type="checkbox"/> | <b>Mental Health Check</b><br><i>Psychology Today self-assessment</i><br><a href="#">→ Take the assessment</a>               | Every year, or anytime things feel off           | _____     |
| <input type="checkbox"/> | <b>Physical Fitness Test</b><br><i>Mayo Clinic at-home fitness benchmarks</i><br><a href="#">→ See the Mayo Clinic guide</a> | Every 6 months to track progress                 | _____     |

## NOTES & QUESTIONS FOR MY PROVIDER

*Classes and information from Carol Frazey, Fit School, Carol Frazey, LLC should not be used to alter a medically prescribed regimen or as a form of self-treatment. Consult a licensed physician before beginning this or any other exercise program.*