

Physicals & Screenings Table for Men

Screening	Frequency	20–29	30–39	40–49	50–65	65+
Physical Exam	Every 3 years Every 2 years Every year	√	√	√	√	√
Dental Exam and Cleaning	Every year	√	√	√	√	√
Vision Exam	Every 2 years Every year	√	√	√	√	√
Hearing Test	Every year					√
Blood Pressure	Every year	√	√	√	√	√
Blood Tests (includes complete blood count, SMAC blood test, cholesterol test, blood glucose test and HIV test)	Every 3 years Every 2 years Every year	√	√	√	√	√
Urinalysis	Every 3 years Every 2 years Every year	√	√	√	√	√
TB (Tuberculosis) Skin Test	Every 5 years	√	√	√	√	√
Chest X-Ray	Every year (if smoker)		√	√	√	√
EKG (Electrocardiogram)	Baseline Every 4 years Every 3 years		Age 30	√	√	√
DRE (Digital Rectal Exam)	Every year			√	√	√
PSA (Prostate-Specific Antigen) Test	Every year			√*	√**	√**
Tetanus Booster	Every 10 years	√	√	√	√	√
Fecal Occult Blood Test	Every year			√	√	√
Sigmoidoscopy (screen for colon cancer)	Every 3–5 years			√	√	√
Colonoscopy	Every 10 years			√***	√***	√
Testicular Exam	Every 3 years Every year	√	√	√	√	√
Bone Density Test	Discuss with your physician					Age 60
Testosterone Screening	Discuss with your physician			√	√	√
Self Exams (Testicles, Skin, Oral, Breast)	Every month	√	√	√	√	√
Flu Vaccine						√
Pneumonia Vaccine						√

* The American Cancer Society and the American Urological Association recommend having a prostate screening every year after age 40 if you are at risk for prostate cancer, and every year after age 50 if you are not at risk.

** The American College of Physicians, the U.S. Preventive Services Task Force and the American Academy of Family Physicians recommend against routine PSA screening and suggest that men discuss the benefits and risks of testing with their physicians before having the test.

*** Patients at high risk for colon cancer (those with long-standing ulcerative colitis, prior colorectal cancer, prior large colorectal adenomas and strong family histories of colon cancer) should be screened periodically with colonoscopy.