# Family Health Guidelines







#### Take charge of your family's health

Getting regular check-ups,
preventive screening tests, and
immunizations are among the most
important things you can do for
yourself and your family. Become a
partner with your health care team
to choose when you need your
screenings and immunizations.

Share your family history, voice your concerns, and always ask questions about what you can do to prevent certain diseases. If you don't know whether you need certain screenings, ask your provider. The charts on the following pages list recommended screenings and immunizations for those at average risk for most diseases. Share these guidelines with your family.

# Women: General screenings and immunizations

Your provider will personalize the timing of each test to meet your health care needs.

	AGES 19-39 AGES 40-49		AGES 50-64	AGES 65 +					
Blood screen Iron check for anemia, RhD	All pregnant women s	should have these tests							
Bone Health Bone mineral density test (for osteoporosis)				Start at age 65. Discuss with your provider.					
Breast Health Mammogram (x-ray of breast)		Every 1-2	? years. Discuss with you	r provider.					
Cholesterol test		Start at age 40	Every 5 years						
Colorectal Health Colon cancer screening	If family history, disc	uss with your provider		If family history, with your provider.					
<b>Diabetes</b> Blood glucose test	Discuss with your provider	Start at age 45, then every 3 years	Every	3 years					
Heart Health Blood pressure test	At least every 2 years		Yearly						
Hepatitis B vaccine		Discuss with	your provider						
Hepatitis C vaccine			Discuss with your provider	Discuss with your					
Herpes zoster vaccine (to prevent shingles)			Starting at age 60, one time only. Discuss with your provider.	'					
Human papillomavirus vaccine (HPV)	Ages 11-26, series of vaccine								
Influenza vaccine (flu)		Yearly							
Meningococcal vaccine (meningitis)	Discuss with your provider if attending college								
Pneumococcal vaccine (pneumonia)	There are two different types of pneumococcal vaccine. Discuss with your provider to find out if one of both vaccines are recommended for you.								
Reproductive Health Pap test, pelvic exam and breast exam	Starting age 21, every 3 years. Starting age 30, 3-5 years.	Every 3	Discuss with your provider						
Sexually transmitted disease (STD) tests (chlamydia, gonorrhea, syphilis and HIV screening)	Get these tests if you are sexually active. All pregnant women should have these tests.	Get these tests if you have a new partner. All pregnant women should have these tests.		your provider. u have a new partner.					
Tetanus, diphtheria, pertussis vaccine (whooping cough, Td/Tdap)	should receive Tdap	dose of Tdap for Td booster. *If pregnant, you oduring the 3rd trimester of every pregnancy to your baby from pertussis (whooping cough).							

# Men: General screenings and immunizations

Your provider will personalize the timing of each test to meet your health care needs.

	AGES 19-39	AGES 40-49	AGES 50-64	AGES 65 +					
Abdominal Aortic Aneurysm screening (AAA)		One time between the ages of 65 and 75 (if history of tobacco use)							
Cholesterol test		Start at age 40 Every 5 y							
Colorectal Health Colon cancer screening	If family history, disc	uss with your provider	Start at age 50. If family history, discuss frequency with your provider.						
Diabetes Blood glucose test	Discuss with your provider	Every	Every 3 years						
Heart Health Blood pressure test	At least every 2 years	Yearly							
Hepatitis B vaccine		Discuss with your provider							
Hepatitis C vaccine		Discuss with your provider							
Herpes zoster vaccine (to prevent shingles)			Starting at age 60, one time only. Discuss with your provider.	One time only. Discuss with your provider.					
Human papillomavirus vaccine (HPV)	Ages 11-26, series of vaccine								
Influenza vaccine (flu)	Yearly								
Meningococcal vaccine (meningitis)	Discuss with your provider if attending college								
Pneumococcal vaccine (pneumonia)	There are two different types of pneumococcal vaccine. Discuss with your provider to find out if one of both vaccines are recommended for you.								
Reproductive Health Sexually transmitted disease (STD) tests (chlamydia, syphilis and HIV screening)	Get these tests if you are sexually active	Get these tests if you have a new partner	Discuss with your provider. Get these tests if you have a new partner.						
Tetanus, diphtheria, pertussis vaccine (whooping cough, Td/Tdap)		ute 1-time dose of Tdap for Td booster; Td b nen boost with Td every 10 years every							

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Immunization and screening information in this booklet was compiled by Adventist Health Medical Group, based upon evidence-based national guidelines for preventive health care from the U.S. Preventive Services Task Force, the United States Department of Health and Human Services, and Centers for Disease Control and Prevention; as approved by the Advisory Committee on Immunization Practices, the American Academy of Pediatrics, and the American Academy of Family Physicians.

For more information, visit AdventistHealth.org/NW

### Children and adolescents: General screenings and immunizations

If your child misses a shot, you don't need to start over, just go back to your provider for the next shot. The provider can help you keep your children up-to-date on their vaccinations.

	AT BIRTH	1 MONTH	2 MONTHS	4 MONTHS	6 MONTHS	9 MONTHS	12 MONTHS	15 MONTHS	18 MONTHS	19-23 MONTHS	2-3 YEARS	4-6 YEARS	7-10 YEARS	11-12 YEARS	13-15 YEARS	16-18 YEARS	
VACCINE					'		'	'									
Hepatitis B	1st dose	2nd	dose				3rd dose										
Rotavirus			1st dose	2nd dose	Ask your provider												
Diphtheria, tetanus and acellular pertussis			1st dose	2nd dose	3rd dose			4th	dose			5th dose					
Haemophilus influenzae type b			1st dose	2nd dose	Ask your provider		3rd or 4th dose. Ask your provider.										
Pneumococcal conjugate			1st dose	2nd dose	3rd dose		4th	dose									
Inactivated poliovirus			1st dose	2nd dose			3rd dose 4th do				4th dose						
Influenza						Annual vaccination (IIV only) 1 or 2 doses  Annual vaccination (LAIV or IIV) 1 or 2 doses)						Annual vaccination (LAIV or IIV) 1 dose only					
Measles, mumps, rubella					Ask your	provider	1st dose				2nd dose						
Varicella						1st dose 2nd dose											
Hepatitis A								2 dose series. A	sk your provider								
Meningococcal						Ask you	r provider							1st dose		Booster	
Tetanus, diphtheria, and acellular pertussis										(Tdap)							
Human papillomavirus									3 dose series	HPV catch-up							
Meningococcal B										See note 11							
Pneumococcal polysaccharide	Ask your provider																
SCREENING OR TEST																	
Iron check for anemia		Once															
Lead screening	Once before starting kindergarten																
Dental		Start first exam Every 6 months															
Eye exam (visual check)												First exam					
Fluoride								Start fluoride	e prescription								

Vaccine descriptions: HepB: protects against hepatitis B Rota: protects against infections caused by rotavirus DTaP and Tdap: combined vaccines that protect against diphtheria, tetanus, and pertussis (whooping cough) Hib: protects against Haemophilus influenzae Type b PCV-13: protects against 13 types of pneumococcal disease (pneumonia) PPSV: protects against pneumococcal disease (pneumonia) Polio: protects against polio, the vaccine is also

known as IPV Influenza: protects against influenza (flu) **MMR:** protects against measles, mumps, and rubella (German measles) **Varicella:** protects against varicella, also known as chickenpox **HepA:** protects against hepatitis A **MCV4:** protects against meningococcal **HPV vaccine:** protects females and males against human papillomavirus and genital warts



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