# Massachusetts Department of Developmental Services Annual Health Screening Checklist

**Adult Males Ages 19-39**

Review this list of screenings to help decide which topics you’d like to talk about with your doctor.

Name: DOB: Date: \_\_\_\_\_\_\_\_\_\_

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| **Heart, Lungs, and Blood**  | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Blood Pressure | At every medical appointment, but at least once a year |  |[ ]
| Heart Disease | Check every year  |  |[ ]
| Cholesterol | Screen with lipid panel if you are age 35 and older and have not been previously tested. Your doctor may repeat this screen every 5yrs, or earlier if you are at risk |  |[ ]
| Diabetes (Type II) | At least every 3-5yrs if you have any of these risk factors: obesity, family history of diabetes, low LDL cholesterol, high triglycerides, high blood pressure, not active (sedentary) or if of African, Hispanic, Native American, Asian backgrounds. |  |[ ]
| Tuberculosis | Your doctor will assess your risk every year and test if you’re at risk |  |[ ]
| Other |  |  |[ ]
|  |
| **Cancer**  | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Testicular Cancer | Talk with your doctor about doing an annual testicular exam. |  |[ ]
| Skin Cancer  | Every year, ask your doctor to check your skin if you have any of these risk factors: family history of skin cancer, lighter natural skin color, blue or green eyes, blond or red hair, history of sunbed tanning or sunburns, or have taken immunosuppressive medications |  |[ ]
| Tobacco and Lung Screening | If you use tobacco or vape, talk about this with your doctor at every visit |  |[ ]
| Other |  |  |[ ]

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| ***Infectious Disease*** | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| STI Tests | If you are having sex or want to, talk with your doctor about how to keep your sex safe and healthy. Screen for some STIs every year if you are under age 26. |  |[ ]
|  HIV | Screen for HIV infection at least once for routine health. Your doctor may test you periodically if you are at risk due to sexual or drug behaviors |  |[ ]
| Hepatitis B | Your doctor will assess your risk every year and test if you’re at risk |  |[ ]
| Hepatitis C | Do a onetime screening if you are aged 18 – 79. Your doctor will follow up if you are at high risk |  |[ ]
| Other |  |  |[ ]

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| **Neurological Conditions**  | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Epilepsy (seizure disorder) | Discuss any recent seizures with your doctor |  |[ ]
| Multiple Sclerosis | If you have MS, discuss any changes in your symptoms and how you’re managing the disease.  |  |[ ]
| Other | Talk about any changes you’ve experienced recently such as changes to your vision, balance, headaches, muscle strength, or ability to walk or talk |  |[ ]

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| **Vision and Hearing**  | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Eye Exam | You should be under an active vision care plan and eye exam schedule from an ophthalmologist or optometrist. If you have diabetes, have a retinal eye exam every year. |  |[ ]
| Glaucoma | Have your eyes checked at least once by age 22, and follow-up every 2-3 years. |  |[ ]
| Hearing Exam | Check every year. Your doctor will recommend an audiologist if there are changes in your hearing |  |[ ]

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| **Common Ailments**  | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Swallowing | Talk about any troubles you have with swallowing, or if you cough a lot after eating or drinking |  |[ ]
| Osteoporosis | Consider bone density screening if these risk factors are present: been talking medications, especially for seizures, for many years, have trouble walking, hypothyroid, limited physical activity, Down syndrome, hypogonadism, vitamin D deficiency. |  |[ ]
| Acid Reflux | Tell your doctor if you have pain or difficulty swallowing, chronic hoarseness or wheezing, heartburn accompanied by nausea or vomiting, or symptoms that have become more severe or frequent |  |[ ]
| Other |  |  |[ ]

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| ***Immunizations (protection from a certain disease)\**** *\*May not be covered by MassHealth or Medicare in all cases*   | Date of last screen | I want to ask about this |
| ***Condition*** | ***How frequently?*** |  |  |
| TDAP V | Three doses given one time. TD booster every 10 years |  |[ ]
| Influenza (flu) | Every year, unless you can’t get it due to a medical condition |  |[ ]
| Pneumococcal  | PCV13 and PPSV-23 vaccine given once each ages 19-64 who are at high risk (chronic resp disease including chronic aspiration pneumonia chronic heart disease, insulin-dependent diabetes mellitus, weakened immune systems, some cancers, HIV+, sickle cell and other blood disorders). For tobacco users, and asthma, PPSV-23 vaccine once ages 19-64. |  |[ ]
| Hep A  | You may need this if you have chronic liver disease and/or are immune-compromised |  |[ ]
| Hep B  | 3-dose series once |  |[ ]
| HPV  | One series given at age 26 and younger. May be given up to age 45 if not previously vaccinated. |  |[ ]
| Varicella (chicken pox) | 2 does for unvaccinated adults or no history of chicken pox |  |[ ]
| Meningococcal  | Talk to you doctor about whether you’re at risk and would need this vaccine  |  |[ ]
| Measles, Mumps, and Rubella (MMR) | One does if you’ve never had this vaccine before. You may need two doses if you participate in large group programs or attend campus-based programs.  |  |[ ]
| COVID Vaccine | Vaccine plus booster. Discuss with your doctor if you are immunocompromised |  |[ ]

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| General Counseling and Guidance | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| Prevention Counseling | Talk with your doctor every year about accident, fall, fire, burn, and choking prevention. If you have a history of falls, talk with your doctor about improving your balance, flexibility, and strength. |  |[ ]
| Healthy Lifestyle | Height/weight/BWI checked every year |  |[ ]
|  | Your doctor might offer guidance on diet/nutrition, physical activity, and substance abuse every year |  |[ ]
|  | Talk to your doctor about frequency and consistency of bowel movements to prevent constipation |  |[ ]
| Sexuality and Gender Identity | Your doctor can offer support and answer questions about sexuality and gender preferences |  |[ ]
| Mental Health  | If you’re feeling depressed, lonely, anxious, agitated or like you want to hurt yourself, please talk with your doctor.  |  |[ ]
| Sleep Issues | Tell your doctor if you snore, have excessive daytime sleepiness, difficulty waking, or morning headaches. Consider testing for sleep apnea. May be more likely in people with Down syndrome.  |  |[ ]
| Other |  |  |[ ]
|  |
| Other Populations  | Date of last screen | I want to ask about this |
| ***Condition*** | ***When to ask about it?*** |  |  |
| People with Down syndrome | If you’re taking lithium or atypical or second-generation antipsychotic medications, talk to your doctor about blood tests you may need |  |[ ]
|  | Obtain baseline of cervical spine x-ray to rule out atlanto-axial instability. Needed once. If negative, only repeat if symptomatic |  |[ ]
|  | Baseline echocardiogram if no cardiac records are available |  |[ ]
| Hep B Carriers | Have your liver function tested annually  |  |[ ]

Discuss all **medications** with your doctor, including supplements and vitamins. Mention any side affects you are experiencing

or questions you have about them. Be sure to mention relevant **family history** to your doctor, and make sure your doctor knows your **ethnicity**. Some ethnicities are more likely to develop conditions like prostate cancer and diabetes.