

Blue Cross of California
Preventive Screening and Immunizations Recommendations for
Healthy Children, Adolescents, Adults, Seniors and Pregnancy
2004

Ages 20 – 39 Years	
Screening/Immunization	Frequency
Height and Weight	To be performed
Blood Pressure	At least every 2 years
Pap Test	Annually, until 2 consecutive negative tests, then at least every 3 years.
Total cholesterol and HDL cholesterol test Men age 20 – 35 and women age 20 – 45 Men age 35 and older and women age 45 and older	Discuss risk with physician. Discuss frequency and testing options with physician but at least every 5 years.
Chlamydia screening (for women at high risk) Age < 25 Age > 25	Regularly. Periodically.
Rubella serology or vaccination (for women of childbearing years without proof of immunization/immunity)	Once
Varicella (chicken pox)	High risk – 2 doses, 4 – 8 weeks apart
Td booster (tetanus, diphtheria)	Once every 10 years
MMR (measles, mumps, rubella) (for those without proof of immunity or if no previous 2 nd dose).	Once.
Influenza (for high risk individuals)	Annually, each fall season
Hepatitis A (for high risk individuals)	2 doses, second dose 6 months after first
Hepatitis B (for high risk individuals)	At current visit, then next dose at 1 and 6 months.
Additional Recommendations	
Women should discuss with their physician about taking 400 micrograms of folic acid to decrease the risk for fetal birth defects of the brain or spine.	
Men should discuss testicular self-examination with physician.	
TB Screening – To be performed for high risk population. Discuss risk with physician.	
Women should discuss preconception planning with physician.	
Women should discuss the risk factors for osteoporosis with physician.	
Counseling	
Nutrition, Exercise, Injury Prevention, Substance Avoidance, Sexual Behavior (Conception, Sexually Transmitted Diseases), Dental Health, Mental Health (Depression),	
Patients with hyperlipidemia and other known risk factors for cardiovascular disease should have intensive behavioral dietary counseling.	
Screen all adults for tobacco use and provide tobacco cessation interventions for those who use tobacco products.	

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Ages 40 – 64 Years	
Screening/Immunization	Frequency
Height and Weight	To be performed
Blood Pressure	At least every 2 years
Pap Test	Annually, until 2 consecutive negative tests, then at least every 3 years.
Total cholesterol and HDL cholesterol test Women age 20 – 45 Men age 35 and older and women age 45 and older	Discuss risk with physician. Discuss frequency and testing options with physician but at least every 5 years.
Mammography screening with or without clinical breast examination for women age 40 and older.	Every 1 – 2 years.
Colorectal Screening (≥ age 50): Fecal Occult Blood Test (FOBT) Or Flexible Sigmoidoscopy Or Colonoscopy Or Double Contrast Barium Enema	Annually. Every 5 years. Every 10 years. Every 5 years.
Rubella serology or vaccination (for women of childbearing years without proof of immunization/immunity)	Once.
Varicella (chicken pox)	High risk – 2 doses, 4 – 8 weeks apart.
Td booster (tetanus, diphtheria)	Once every 10 years.
MMR (measles, mumps, rubella) (for those without proof of immunity or if no previous 2 nd dose).	Once.
Influenza (≥ age 50 and for high risk individuals)	Annually, each fall season.
Hepatitis A (for high risk individuals)	2 doses – second dose 6 months after first
Hepatitis B (for high risk individuals)	At current visit, then next dose at 1 and 6 months.
Additional Recommendations	
Women should discuss menopause and hormone replacement therapy with physician.	
Women should discuss with their physician about taking 400 micrograms of folic acid to decrease the risk for fetal birth defects of the brain or spine.	
Osteoporosis Screening – Begin at age 60 for women at increased risk for osteoporotic fractures	
TB Screening – To be performed for high risk population. Discuss risk with physician.	
Women should discuss preconception planning with physician.	
Counseling	
Women should discuss the risk factors for osteoporosis with physician.	
Discuss risk factors for stroke and coronary artery disease for prevention with physician.	

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Ages 65 and Older	
Screening/Immunization	Frequency
Height, weight, vision and hearing	Every 1-2 years
Blood Pressure	Every 1- 2 years
Pap Test	Discuss frequency with physician.
Total cholesterol and HDL cholesterol test	Discuss frequency and testing options with your physician but at least every 5 years.
Mammography screening with or without clinical breast examination for women age 40 and older	Every 1 – 2 years. Discuss with your physician after age 75.
Colorectal cancer screening (≥ age 50): Fecal Occult Blood Test (FOBT) Or Flexible Sigmoidoscopy Or Colonoscopy Or Double Contrast Barium Enema	Annually. Every 5 years. Every 10 years. Every 5 years.
TB Screening	High risk – To be performed based on risk
Varicella (chicken pox)	High risk – 2 doses, 4 – 8 weeks apart.
Td booster (tetanus, diphtheria)	Once every 10 years.
Pneumococcal	Once, booster may be required.
Influenza	Annually, each fall season.
Hepatitis A (for high risk individuals)	2 doses – second dose 6 months after first
Hepatitis B (for high risk individuals)	At current visit, then at 1 and 6 months.
Osteoporosis screening	Routinely.
Counseling	
Men should discuss the know risks and benefits of prostate cancer screening with their physician.	
Women should discuss the risk factors for osteoporosis with physician.	
Discuss risk factors for stroke and coronary artery disease for prevention with physician.	
Assess cardiovascular disease risk and discuss aspirin therapy periodically to prevent CVD events.	
Nutrition, Physical Activity, Injury Prevention, Substance Avoidance, Sexually Transmitted Diseases, Medication Use, Hormone Replacement Therapy, Dental Health, Mental Health (Depression), Sun Exposure, Tobacco Cessation.	

