

MEN: 20-29

| Disease/Condition | Test | Frequency | Date of Screening | | |
|-------------------|----------------------|----------------------------------|-------------------|--|--|
| Hypertension | Blood Pressure | Every 2-3 years | | | |
| Obesity | Body Fat / BMI | Every 1-2 years | | | |
| Oral Health | Dental Exam | Annually | | | |
| Testicular Cancer | Testicular self exam | Monthly | | | |
| | Clinical exam | As recommended by your physician | | | |
| Skin Cancer | Self Exam | Monthly | | | |
| | Clinical exam | As recommended by your physician | | | |