

MEN: 40-49

| Disease/Condition | Test | Frequency | Date of Screening | | |
|-------------------|----------------------------------|--|-------------------|--|--|
| Hypertension | Blood Pressure | Every 1-2 years | | | |
| Obesity | Body Fat / BMI | Every 1-2 years | | | |
| High Cholesterol | Lipid Profile | Low risk every 5 years High Risk every 2 years | | | |
| Oral Health | Dental Exam | Annually | | | |
| Testicular Cancer | Testicular self exam Clinical | Monthly As recommended by your physician | | | |
| Skin Cancer | Self Exam Clinical exam | Monthly Screening by health care provider every 1-3 years | | | |