

# Recommended Health Screenings

UnitedHealthcare appreciates the preventive care you deliver to our members. Please use the below health screening chart to schedule screenings based on the member's age and risk factors.

## Health Screenings – Children

Screening: Children ages 0 - 18 years.

Age	Screening test	Frequency
Newborn	Newborn screening (PKU, sickle cell, hemoglobinopathies, hypothyroidism)	During newborn period
Birth – 2 months	Head circumference	At each well-child visit
Birth – 2 years	Length and weight	At each well-child visit
2 – 18 years	Height and weight	At each well-child visit
3 – 4 years	Eye screening	Once
Younger than 5 years	Dental health	At each well-child visit

# Health Screenings – Adults

Preventive care guidelines: Adults over age 18.

## Range of Recommended Ages

Years of age	18	25	30	35	40	45	50	55	60	65	70	75
<b>Screening</b>												
Blood Pressure, Height and Weight	At each preventive visit											
Obesity	At each visit											
Cholesterol				Men: Every 5 years								
Cholesterol						Women: Every 5 years						
Cervical Cancer Screening	Annually beginning at age 18 or age of sexual activity, and every three years after three consecutive normal tests											
Chlamydia/Gonorrhea												
Mammography					Women: Every one to two years							
Prostate Cancer						Men: As directed by your doctor						
Colorectal Cancer* (Colonoscopy)						Every 5 years						
Osteoporosis										At age 65		
Alcohol Use, Depression	Periodically											

# Immunizations – Children

Immunization schedule: Children ages 0 to 6 years.\*

Vaccine	Range of recommended ages			Catch-up immunization				Certain high-risk groups			
	Birth	1 month	2 months	4 months	6 months	12 months	15 months	18 months	19 – 23 months	2 – 3 years	4 – 6 years
<b>Hepatitis B</b>	HepB	HepB						HepB Series			
<b>Rotavirus</b>			Rota	Rota	Rota						
<b>Diphtheria, Tetanus, Pertussis</b>			DTaP	DTaP	DTaP		DTaP				DTaP
<b>Haemophilus influenzae type b</b>			Hib	Hib	Hib	Hib		Hib			
<b>Pneumococcal</b>			PCV	PCV	PCV	PCV				PCV	
<b>Inactivated Poliovirus</b>			IPV	IPV	IPV						IPV
<b>Influenza</b>					Influenza (yearly)						
<b>Measles, Mumps, Rubella</b>						MMR					MMR
<b>Varicella</b>						Varicella					Varicella
<b>Hepatitis A</b>						HepA (2 doses)				HepA Series	
<b>Meningococcal</b>										MPSV4	

\* SOURCE: Recommended Childhood and Adolescent Immunization Schedule – United States, 2006, MMWR™, Morbidity and Mortality Weekly Report, Vol 54, No MM51;0, Centers for Disease Control and Prevention, Department of Health and Human Services.

**Immunization schedule: Children ages 7 to 18 years.\***

Range of recommended ages	Catch-up immunization	Certain high-risk groups			
Vaccines	7 – 10 years	11 – 12 year assessment	13 – 14 years	15 years	16 – 18 years
<b>Tetanus, Diphtheria, Pertussis</b>		Tdap	Tdap		
<b>Human Papillomavirus</b>		HPV (3 doses)	HPV Series		
<b>Meningococcal</b>	MCV4	MCV4		MCV4	
			MCV4		
<b>Pneumococcal</b>	PPV				
<b>Influenza</b>	Influenza (yearly)				
<b>Hepatitis A</b>	HepA Series				
<b>Hepatitis B</b>	HepB Series				
<b>Inactivated Poliovirus</b>	IPV Series				
<b>Measles, Mumps, Rubella</b>	MMR Series				
<b>Varicella</b>	Varicella Series				
<p>* SOURCE: Recommended Childhood and Adolescent Immunization Schedule – United States, 2006, MMWR™, Morbidity and Mortality Weekly Report, Vol 54, No MM51;0, Centers for Disease Control and Prevention, Department of Health and Human Services.</p>					

# Immunizations – Adults

Immunization schedule: Adults over age 18.

## Range of Recommended Ages

Years of age	18	25	30	35	40	45	50	55	60	65	70	75
<b>Immunization</b>												
Tetanus-Diphtheria (Td/Tdap)	Every 10 years											
Varicella (VZV)	Susceptibles only – two doses											
Shingles (Herpes Zoster)										One dose after age 60		
Measles, Mumps, Rubella (MMR)	Persons not already immune											
Pneumococcal										One dose		
Influenza	Yearly											
Hepatitis B/Hepatitis A	Persons at risk											
Meningococcal	For certain high-risk groups* *											
Human Papillomavirus (HPV)	One dose											

**Upper age limits should be individualized for each patient.**

\* For U.S. Preventive Services Task Force recommendations on colorectal cancer screening and other clinical preventive services, visit [preventiveservices.ahrq.gov](http://preventiveservices.ahrq.gov).

\*\* High risk is defined as adults who have terminal complement deficiencies, had their spleen removed, have a non-functioning spleen or have medical, occupation, lifestyle or other indications such as college freshmen living in dormitory or other group living conditions.

For complete immunization guidelines, visit [cdc.gov/nip](http://cdc.gov/nip).