

IMMUNIZATION AND SCREENING CHECKLIST

NAME _____

DATE _____

MEDICARE-COVERED PREVENTIVE SERVICE	WHO	HOW OFTEN	NEED
Flu Vaccine	All Adults	Annually	
Pneumonia Vaccine 1* PVC 13 (<i>Prevnar</i>)	All Adults	Once	
Pneumonia Vaccine 2* PVC 23	All Adults	Once	
Tetanus Booster	All adults (Covered by Medicare Part D only)	Every 10 years	
Shingles Vaccine	All adults (Covered by Medicare Part D only)	Once	
Hepatitis C-Screening	Adults at high risk or adults born between 1945-1965	Annually for high risk individuals Once for adults born between 1945-1965	
Colorectal Cancer screening** <i>Stool sample/FIT test, or Flexible sigmoidoscopy, or Colonoscopy</i>	Adults 50 and older	Every 12 months Every 4 years Every 10 years	
Bone Density Scan	Adults at risk	Every 2 years or more frequently if medically necessary	
Low dose CT scan	Smokers: 1ppd x 30 years or individuals who have quit in the last 15 years	Annually	
Annual Wellness Visit	All Adults	Every 12 months	
Females Only			
Mammogram**	Women over 40	Annually	
Pap Smear/Pelvic Exam	All Adult females	Every 2 years	
Males Only			
Abdominal Aortic Aneurysm Screening (Ultrasound of the Abdomen)	Males with certain risk factors	Once	

PROVIDER USE: Quality indicators

*65 years and older

**50-75years