



**BlueCross BlueShield  
of Nebraska**

A Not-For-Profit Mutual Insurance Company and an Independent Licensee of the  
Blue Cross and Blue Shield Association.

# Preventive Health Guidelines

## 19 through 39 Years

These recommendations will help you achieve a healthy lifestyle and are intended as an educational reference. They do not replace the clinical judgment of your healthcare provider.

| Screening indicators:   | 19-29 years  | 30-34 years | 35-39 years |
|---|--|-------------|-------------|
| Physical exam   | every 3 years  |             |             |
| History   | as appropriate for interval history                                      |             |             |
| Height  | once   |             |             |
| Weight (or BMI)   | every office visit   |             |             |
| Blood Pressure  | every office visit   |             |             |
| Cholesterol (LDL, Total, HDL & triglycerides)                         | once every 5 years beginning at age 20                                   |             |             |
| Depression screening  | each visit   |             |             |
| <b>Females:</b> Pap smear   | every 3 years (after 3 normal annual Pap smears)                         |             |             |
| Mammogram   | if family history check with physician - every 1-2 yr starting at age 40 |             |             |
| Breast exam   | every annual visit   |             |             |
| Calcium intake  | every 3 years  |             |             |
| Serology test for rubella   | once   |             |             |
| <b>Males:</b> Testicular exam   | every 3 years  |             |             |
| Lipid Screening   | ages 35 and older every 5 years  |             |             |
| Oral cavity assessment  | every 3 years  |             |             |
| Exercise/physical activity assessment                                 | every 3 years  |             |             |
| Substance abuse assessment and counseling: tobacco-alcohol-drug abuse | every 3 years or as needed   |             |             |
| <b>IMMUNIZATIONS</b>  | <b>UNLESS CONTRAINDICATED</b>  |             |             |

CONNECT TO CDC for more detail: [www.cdc.gov/nip/recs/adult-schedule.htm](http://www.cdc.gov/nip/recs/adult-schedule.htm)

Please see Recommended Adult Immunization Schedule by Vaccine and Age Group – 2006

Also available Recommended Adult Immunization Schedule, by Vaccine and Medical and other Indications

| INJURY PREVENTION, document education on the following:            | 19-29 yrs | 30-34 yrs | 35-39 yrs |
|--|-----------|-----------|-----------|
| Lap/shoulder belts &/or airbags                                    |           | once      |           |
| Motor vehicle safety while under the influence of alcohol or drugs |           | once      |           |
| Smoke detectors  |           | once      |           |
| Violent behavior and firearms                                      |           | once      |           |
| Bicycle/ ATV/ motorcycle safety helmets                            |           | once      |           |
| Unintended pregnancy   |           | once      |           |
| Sports injuries  |           | once      |           |
| Passive smoke damage   |           | once      |           |

Vaccinations, screenings and counseling recommendations may not be covered benefits under all Blue Cross and Blue Shield Nebraska plans. Please consult your benefits materials.



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### ADDITIONAL RECOMMENDED GUIDELINES FOR HIGH RISK POPULATIONS

| POPULATION  | RECOMMENDED GUIDELINES   |
|---|--|
| High-risk sexual behavior   | RPR/VDRL; screen for gonorrhea (female), HIV, chlamydia (female); Hep A, Hep B, Hep C screen; annual Pap smear       |
| Injection or street drug use  | RPR/VDRL; HIV screen; Hep A, Hep B, Hep C screen; PPD; advise to reduce infection risk                               |
| Low income; TB contacts; immigrants, alcoholics   | PPD  |
| Native Americans / Native Alaskans  | Hep A; PPD; pneumococcal vaccine; influenza vaccine  |
| Certain chronic medical conditions  | PPD; pneumococcal vaccine; influenza vaccine   |
| Blood product recipients  | HIV screen; Hep B, Hep C screen  |
| Susceptible to measles, mumps, or varicella   | MMR; VAR   |
| Family hx of skin cancer; fair skin, eyes, hair   | Avoid excess sun; use protective clothing and sunscreens   |
| Previous pregnancy with neural tube defect  | Folic acid 4.0 mg daily (1.0 daily needed in normal risk pregnancies)  |
| College dormitory students  | Meningitis vaccine   |
| Chemoprophylaxis – assess cardiovascular disease risk and discuss aspirin to prevent CVD events | Routine screening for younger adults if risk factors for CVD – men ages 20 -35 and women ages 20 to 45 (USPSTF 2005) |

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References: United States Preventive Services Task Force 2005 [www.ahrq.gov/clinic](http://www.ahrq.gov/clinic)

Department of Health and Human Services, Centers for Disease Control and Prevention [www.cdc.gov](http://www.cdc.gov)

National Partnership for Immunizations (NPI) [www.cdc.gov/nip/recs/adult-schedule.htm](http://www.cdc.gov/nip/recs/adult-schedule.htm)  
[www.cdc.gov/nip/recs/child-schedule.htm](http://www.cdc.gov/nip/recs/child-schedule.htm)

Advisory Committee on Immunization Practices (ACIP) [www.cdc.gov/nip/ACIP/default.htm](http://www.cdc.gov/nip/ACIP/default.htm)

American Academy of Family Physicians (AAFP) [www.aafp.org](http://www.aafp.org)

American Academy of Pediatrics (AAP) [www.aap.org](http://www.aap.org)

National Partnership for Immunization [www.partnersforimmunization.org](http://www.partnersforimmunization.org)

American Cancer Society [www.cancer.org](http://www.cancer.org)

All Preventive Health Guidelines were updated and approved by Blue Cross and Blue Shield of Nebraska's Quality Improvement Committee. Last Updated March 2006