

This chart lists important tests, exams, and vaccines to get at least once or twice a year.

Tests, Exams, and Vaccines to Get at Least Once or Twice a Year

Test	Instructions	Results or Dates
A1C test	<ul style="list-style-type: none"> • Have this blood test at least twice a year. Your result will tell you what your average blood glucose level was for the past 2 to 3 months. 	Date: _____ A1C: _____ Next test: _____
Blood lipid (fats) lab tests	<ul style="list-style-type: none"> • Get a blood test to check your <ul style="list-style-type: none"> – total cholesterol—aim for below 200 – LDL, or bad, cholesterol—aim for below 100 – HDL, or good, cholesterol—men: aim for above 40; women: aim for above 50 – triglycerides—aim for below 150 	Date: _____ Total cholesterol: _____ LDL: _____ HDL: _____ Triglycerides: _____ Next test: _____
Kidney function tests	<ul style="list-style-type: none"> • Once a year, get a urine test to check for protein. • At least once a year, get a blood test to check for creatinine. 	Date: _____ Urine protein: _____ Creatinine: _____ Next test: _____

Test	Instructions	Results or Dates
Dilated eye exam	<ul style="list-style-type: none"> • See an eye doctor once a year for a complete eye exam that includes using drops in your eyes to dilate your pupils. • If you are pregnant, have a complete eye exam in your first 3 months of pregnancy. Have another complete eye exam 1 year after your baby is born. 	Date: _____ Result: _____ Next test: _____
Dental exam	<ul style="list-style-type: none"> • See your dentist twice a year for a cleaning and checkup. 	Date: _____ Result: _____ Next test: _____
Pneumonia vaccine (recommended by the Centers for Disease Control and Prevention [CDC])	<ul style="list-style-type: none"> • Get the vaccine if you are younger than 64. • If you're older than 64 and your shot was more than 5 years ago, get another vaccine. 	Date received: _____

Test	Instructions	Results or Dates
Flu vaccine (recommended by the CDC)	<ul style="list-style-type: none"> • Get a flu shot each year. 	Date received: _____
Hepatitis B vaccine (recommended by the CDC)	<ul style="list-style-type: none"> • Get this vaccine if you are age 19 to 59 and have not had this vaccine. • Consider getting this vaccine if you are 60 or older and have not had this vaccine. 	Date of 1st dose: _____ Date of 2nd dose: _____ Date of 3rd dose: _____