

## **Health Records**

Exam	Date Done	Date Due	Comments
Complete physical exam			
Lipids (cholesterol, LDL, HDL, triglycerides)			
Rectal exam			
Hemoccult (check for blood in the stool)			
Colon screening (flex sig or colonoscopy)			
Prostate exam			
Breast exam			
Pap smear			
Mammogram			
Eye exam			
Dental visit			

Shot	Date Done	Date Due	Comments
Flu (influenza)			
Pneumonia			
Tetanus (due every 10 years)			
Other			