

# Health Screening Recommendations

Date: [Insert Date]

Dear [Recipient's Name],

As part of our commitment to your health, we encourage you to consider the following health screening recommendations based on your age group:

## For Ages 18-29:

- Annual physical examination
- Screening for sexually transmitted infections (STIs) as needed
- Mental health assessment

## For Ages 30-39:

- Annual physical examination
- Blood pressure screening biannually
- Cholesterol screening every 4-6 years
- Mammogram screening for women every 1-2 years after age 35

## For Ages 40-49:

- Annual physical examination
- Blood pressure and cholesterol screening annually
- Diabetes screening every 3 years
- Colorectal cancer screening starting at age 45

## For Ages 50 and Above:

- Annual physical examination
- Blood pressure and cholesterol screening annually
- Diabetes screening every 3 years
- Colorectal cancer screening at least every 10 years
- Mammogram screening annually for women
- Bone density test for women starting at age 65

We encourage you to schedule your screenings as recommended. If you have any questions or need assistance, please do not hesitate to reach out.

Sincerely,

[Your Name]

[Your Title]

[Your Contact Information]