



# 2019 MALE Physician Checklist

To be completed by your physician at time of annual physical

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Patient Name & Age: \_\_\_\_\_

**\*\* PLEASE DO NOT PUT ANY RESULTS. Require ✓ check, date and initial only \*\***

✓ Check Completed Screening

Date & Initial

## ANNUAL PHYSICAL

☐ \*Annual Physical

☐ \*Blood Work

☐ \*Blood Pressure

☐ \*Cholesterol

☐ \*Glucose

*\*Must be  
completed to  
get paid  
for PhD day*

## From Age 18: (annual)

☐ EKG

## PLUS From Age 50:

☐ Prostate (annual)

☐ Colonoscopy

☐ Recommended repeat date for colonoscopy

☐ Rectal & Fecal (not required if colonoscopy done in same year)

## PLUS From Age 65:

☐ Bone Density Screening

☐ Recommended repeat date for screening

State medical reason for not performing a recommended screening:

**DOCTOR SIGNATURE:**

**DATE:**

**DOCTOR OFFICE STAMP**

Please copy for patient file. Thank you !

## **MALE: Required Screenings By Age Group:**

<b><u>18yrs-49yrs</u></b>	<b><u>50yrs-59yrs</u></b>	<b><u>60+yrs</u></b>
<b><u>Every Year:</u></b> Dental EKG       <b><u>Every 2 Years:</u></b> Vision   <i>Optional:</i> <i>Flu Shot (annual)</i> <i>Tetanus (10yrs)</i>	<b><u>Every Year:</u></b> Dental EKG Prostate <sup>❶</sup> Colonoscopy <sup>❶ ❷</sup> Rectal & Fecal <sup>❸</sup>    <b><u>Every 2 Years:</u></b> Vision	<b><u>Every Year:</u></b> Dental EKG Prostate Colonoscopy <sup>❷</sup> Rectal & Fecal <sup>❸</sup> Bone Density <sup>❶ ❷</sup>    <b><u>Every 2 Years:</u></b> Vision

**❶** *Additional screening required for this age group.*

**❷** *Colonoscopy and Bone Density repeat dates as recommended by Doctor.*

**❸** *If a colonoscopy is not being done in the same year, then a Rectal & Fecal is required for this age group, every year.*