



2019 FEMALE 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	
<input type="checkbox"/> *Annual Physical	<i>*Must be completed to get paid for PhD day</i>
<input type="checkbox"/> *Blood Work	
<input type="checkbox"/> *Blood Pressure	
<input type="checkbox"/> *Cholesterol	
<input type="checkbox"/> *Glucose	
From Age 18: (annual)	
<input type="checkbox"/> EKG	
<input type="checkbox"/> Pap Smear	
<input type="checkbox"/> Clinical Breast Exam	
PLUS From Age 40 : (annual)	
<input type="checkbox"/> Mammogram	
PLUS From Age 50:	
<input type="checkbox"/> Colonoscopy	
<input type="checkbox"/> Recommended repeat date for colonoscopy	
<input type="checkbox"/> Rectal & Fecal (not required if colonoscopy done in same year)	
PLUS From Age 65:	
<input type="checkbox"/> Bone Density Screening	
<input type="checkbox"/> 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 !

FEMALE: Required Screenings By Age Group:

<u>18yrs-39yrs</u>	<u>40yrs-49yrs</u>	<u>50yrs-59yrs</u>	<u>60+yrs</u>
<u>Every Year:</u> Dental EKG Clinical Breast Exam Pap Smear	<u>Every Year:</u> Dental EKG Clinical Breast Exam Pap Smear Mammogram ^❶	<u>Every Year:</u> Dental EKG Clinical Breast Exam Pap Smear Mammogram Colonoscopy ^{❶ ❷} Rectal & Fecal ^❸	<u>Every Year:</u> Dental EKG Clinical Breast Exam Pap Smear Mammogram Colonoscopy ^❷ Rectal & Fecal ^❸ Bone Density ^{❶ ❷}
<u>Every 2 Years:</u> Vision	<u>Every 2 Years:</u> Vision	<u>Every 2 Years:</u> Vision	<u>Every 2 Years:</u> Vision
<i>Optional:</i> Flu Shot (annual) Tetanus (10yrs)			

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.*