



# Preventive Medical Checklist

## Adult Female

Based on Medical Preventive Guide 2015

Dear Plan Member,

The following checklist is the list of tests that are covered at 100% under your medical plan for your annual medical preventive check. These are considered recommended tests based upon globally accepted practices for preventive care. Should your doctor wish you to do additional tests as clinically indicated, or if you are not sure if you have had any of these tests already in the last year, please contact Cigna at [wbg.mbp@cigna.com](mailto:wbg.mbp@cigna.com) to confirmation of 100% coverage.

Please note that this checklist is intended as a guide only and does not preclude your doctor's good clinical practice or suggest that additional tests should not be performed if clinically indicated.

Test	tick	Explanation
General Medical Examination incl.		
<ul style="list-style-type: none"><li>Height</li><li>Weight</li><li>Blood pressure + Vital Signs</li><li>Physical examination</li><li>Depression screening</li><li>Healthy Eating Assessment</li></ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"><li>Thorough physical examination as part of the preventive health check-up.</li><li>In the form of questionnaire / local practice</li><li>Questionnaire / Discussion</li></ul>
Blood Tests		
<ul style="list-style-type: none"><li>Fasting Blood Sugar</li><li>Fasting Lipogram (cholesterol screening) age <math>\geq 20</math> years</li><li>HIV</li><li>Hepatitis B and Hepatitis C</li><li>Syphilis</li><li>TB screening (if clinically indicated only)</li><li>Full Blood Count (if indicated)</li></ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"><li>Screening for Diabetes Mellitus</li><li>Where possible an LDL, HDL and total cholesterol</li><li>HIV with confirmatory testing</li><li>Hepatitis B S Antigen and Hepatitis B surface antibody for initial screening. Anti- HCV antibody</li><li>Non-treponemal according to local practice / availability (RPR or VDRL)</li><li>Either Tuberculin Skin test or IGRA (e.g. Quantiferon Gold) –testing only indicated if clinical suspicion / high risk and treatment is planned and appropriate</li><li>CBC if clinical suspicion for certain conditions/diseases</li></ul>
Pap Smear and Associated Tests		
<ul style="list-style-type: none"><li>Pap smear (every 3 years)</li><li>Chlamydia</li><li>Gonorrhea</li></ul>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"><li>Cervical cancer screen</li><li>In the form of urine test or vaginal swab (performed if clinically indicated / sexually active)</li><li>In the form of urine test or vaginal swab (performed if clinically indicated / sexually active)</li></ul>
Screening for Colon Cancer		
<ul style="list-style-type: none"><li>Faecal Occult Blood Test</li><li>Sigmoidoscopy/Colonoscopy</li></ul>	<input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"><li>Performed annually <math>\geq 50</math> years</li><li>Performed every 5 (sigmoidoscopy) – 10 (colonoscopy) years <math>\geq 50</math> years. May be more frequent for high risk individuals.</li></ul>
Other		
<ul style="list-style-type: none"><li>Mammography</li><li>Bone Density Screening</li></ul>	<input type="checkbox"/> <input type="checkbox"/>	<ul style="list-style-type: none"><li>Screening at <math>\geq 40</math> years, every 2 yrs (1 yr with risk factors)</li><li>If at increased risk / women <math>\geq 65</math> years routinely</li></ul>

## **Immunizations, Medications and Procedures**

Please note that the following immunizations, medications and procedures are also covered as part of the Wellness Examination and can be administered / prescribed if medically appropriate and indicated.

**NB.** *The below should be evaluated according to individual need and indication and does not suggest that all of the below are requirements or medically appropriate in individual situations.*

<b>Immunizations:</b>
BCG
Cholera – if indicated
Hepatitis A – 2 doses
Hepatitis B – 3 doses
Herpes Zoster – 1 dose (age 60 and older)
Human Papillomavirus (HPV) – ages 18-26 – 3 doses if not previously vaccinated
Influenza (Flu) – Annually
Japanese Encephalitis
Measles, Mumps, Rubella – 2 doses
Meningococcal – 1 or more doses if indicated
Pneumococcal – 1 or 2 doses if indicated
Polio
Rabies
Tetanus, Diphtheria, Pertussis (Tdap) – 1 dose, then Tetanus booster every 5-10 years
Varicella (Chickenpox) – 2 doses, ages 19-65
Tick borne encephalitis
Typhoid
Yellow Fever
<b>Medications:</b>
Generic Zyban (2 cycles per year, prescribed by doctor) for tobacco cessation
Aspirin (physician prescribed) – age 55 to 79 years to reduce ischemic strokes (if potential benefit outweighs potential harm of increase in gastrointestinal hemorrhage).
Malaria Prevention - Chemoprophylaxis, impregnated nets for malaria prevention
<b>Procedures/Other:</b>
Office visits for administration of contraceptive devices and cost of the contraceptive device, if billed by provider.
Sterilization procedures, including sterilization implant and surgical sterilization (abdominal, vaginal or laparoscopic).