

# HEALTH CHECKS



## YEARLY

- |                          |                              |                                   |
|--------------------------|------------------------------|-----------------------------------|
| <input type="checkbox"/> | BLOOD PRESSURE               | < 120/80 MMHG                     |
| <input type="checkbox"/> | BLOOD LIPIDS                 | TOTAL CHOLESTEROL < 4 MMOL/L      |
| <input type="checkbox"/> | FASTING BLOOD SUGAR, INSULIN | < 5.5 MMOM/L, < 10 MU/L           |
| <input type="checkbox"/> | HBA1C                        | < 5.5%                            |
| <input type="checkbox"/> | WAIST CIRCUMFERENCE          | < 80CM                            |
| <input type="checkbox"/> | BMI                          | 20-28                             |
| <input type="checkbox"/> | IRON                         | FERRITIN 20-370 UG/L              |
| <input type="checkbox"/> | THYROID                      | TSH 0.4-4.0 MIU/L                 |
| <input type="checkbox"/> | VITAMIN D                    | 50-200 NMOL/L                     |
| <input type="checkbox"/> | URINE TEST                   | FOR PROTEIN, SUGAR, BLOOD         |
| <input type="checkbox"/> | SKIN CHECK                   |                                   |
| <input type="checkbox"/> | IMMUNIZATION (INFLUENZA)     | (DIPHTHERIA, TETANUS AS REQUIRED) |
| <input type="checkbox"/> | DENTAL CHECK                 |                                   |

## SECOND YEARLY

- MAMMOGRAM
- FAECAL OCCULT BLOOD TEST
- EYE CHECK
- HEARING CHECK

## FIVE YEARLY

- CERVICAL SMEAR
- BONE DENSITY

These suggestions are guides only. The ranges given are targets and may not be suitable for you personally. If you have certain health conditions, risk factors or previous abnormal results, you may need more frequent testing. Please consult with your doctor about organising your health checks.