

Bright Futures Medical Screening Reference Table

Adolescence Visits (11 Through 21 Years)



| Universal Screening | Action |
|---|---|
| Cervical Dysplasia (all young women at the 21 Year Visit) | Pap smear |
| Depression: Adolescent (beginning at the 12 Year Visit) | Depression screen ^a |
| Dyslipidemia (once between 9 and 11 Year and 17 and 21 Year Visits) | Lipid profile |
| Hearing (once between 11 and 14 Year, 15 and 17 Year, and 18 and 21 Year Visits) | Audiometry, recommended to include 6,000 and 8,000 Hz frequencies |
| Hepatitis C Virus (HCV) Infection (once between 18 and 79 years) | HCV antibody (anti-HCV) test |
| HIV (once between 15 and 18 Year Visits) | HIV test ^b |
| Tobacco, Alcohol, or Drug Use | Tobacco, alcohol, or drug use assessment |
| Vision (12 and 15 Year Visits) | Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters |

| Selective Screening | Medical History Risk Factors ^c | Risk Assessment ^d | Action if Risk Assessment Is Positive |
|---------------------|--|--|---------------------------------------|
| Anemia | <ul style="list-style-type: none"> Starting in adolescence, screen all nonpregnant females for anemia every 5 to 10 years throughout their childbearing years during routine health examinations. Annually screen for anemia in females having risk factors for iron deficiency (eg, extensive menstrual or other blood loss, low iron intake, or a previous diagnosis of iron-deficiency anemia). Environmental factors (eg, poverty, limited access to food). | <p>At the 11 through 14 Year Visits, ask the parent</p> <ul style="list-style-type: none"> Do you ever struggle to put food on the table? Does your child's diet include iron-rich foods such as meat, iron-fortified cereals, or beans? Has your child ever been diagnosed as having iron-deficiency anemia? If your child is a girl, does she have excessive menstrual bleeding or other blood loss? If your child is a girl, does her period last more than 5 days? <p>At the 11 through 21 Year Visits, ask the adolescent or young adult</p> <ul style="list-style-type: none"> Do you eat a vegetarian diet (do not eat red meat, chicken, fish, or seafood)? <ul style="list-style-type: none"> > If you are a vegetarian (do not eat red meat, chicken, fish, or seafood), do you take an iron supplement? Does your diet include iron-rich foods such as meat, iron-fortified cereals, or beans? For females: Do you have excessive menstrual bleeding or other blood loss? For females: Does your period last more than 5 days? <p>At the 15 through 21 Year Visits, ask the previous questions, plus</p> <ul style="list-style-type: none"> Have you ever been diagnosed as having iron-deficiency anemia? Does your family ever struggle to put food on the table? (15 through 17 Year Visits) Do you or your family ever struggle to put food on the table? (18 through 21 Year Visits) | Hematocrit or hemoglobin |

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| Dyslipidemia (if not universally screened at this visit) | <p>12 through 16 Year Visit</p> <ul style="list-style-type: none"> • Parent, grandparent, aunt or uncle, or sibling with myocardial infarction, angina, stroke, coronary artery bypass graft/stent/angioplasty, or sudden death at <55 years in males and <65 years in females. • Parent with total cholesterol level ≥ 240 mg/dL or known dyslipidemia. • Patient has diabetes, hypertension, or body mass index ≥ 85th percentile or smokes cigarettes. • Patient has a moderate- or high-risk medical condition. | <p><i>Not previously screened with normal results</i></p> <p>At the 11 through 14 Year Visits, ask the older child or young adolescent</p> <ul style="list-style-type: none"> • Do you smoke cigarettes or use e-cigarettes? <p><i>Ask the parent</i></p> <ul style="list-style-type: none"> • Does your child have parents, grandparents, or aunts or uncles who have had a stroke or heart problem before age 55 (males) or 65 (females)? • Does your child have a parent with an elevated blood cholesterol level (≥ 240 mg/dL) or who is taking cholesterol medication? <p>At the 15 and 16 Year Visits, ask the adolescent</p> <ul style="list-style-type: none"> • Do you have parents, grandparents, or aunts or uncles who have had a stroke or heart problem before age 55 (males) or 65 (females)? • Do you have a parent with an elevated blood cholesterol level (≥ 240 mg/dL) or who is taking cholesterol medication? • Do you smoke cigarettes or use e-cigarettes? <p>At the 17 through 21 Year Visits, if not universally screened, ask the adolescent or young adult</p> <ul style="list-style-type: none"> • Do you have parents, grandparents, or aunts or uncles who have had a stroke or heart problem before age 55 (males) or 65 (females)? • Do you have a parent with an elevated blood cholesterol level (≥ 240 mg/dL) or who is taking cholesterol medication? • Do you smoke cigarettes or use e-cigarettes? | Lipid profile |
| Hearing | <ul style="list-style-type: none"> • Parental concern | <p>At the 11 through 14 Year Visits, ask the parent</p> <ul style="list-style-type: none"> • Do you have concerns about how your child hears? | Audiometry |

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| <p>HIV (if not universally screened at this visit)</p> | <ul style="list-style-type: none"> • Males who have sex with males • Active injection drug users • Males and females having unprotected vaginal or anal intercourse • Males and females having sexual partners who are HIV infected, bisexual, or injection drug users • Males and females who exchange sex for drugs or money • Males and females who have acquired or request testing for other STIs <p>Patients may request HIV testing in the absence of reported risk factors. To further clarify, the US Preventive Services Task Force notes “that these categories are not mutually exclusive, the degree of sexual risk is on a continuum, and individuals may not be aware of their sexual partners’ risk factors for HIV infection. For patients younger than 15 years and older than 65 years, it would be reasonable for clinicians to consider HIV risk factors among individual patients, especially those with new sexual partners. However, clinicians should bear in mind that adolescent and adult patients may be reluctant to disclose having HIV risk factors, even when asked.”</p> | <p>At the 11 through 14 Year (Older Child/Younger Adolescent) Visits, ask the parent</p> <ul style="list-style-type: none"> • Adolescents who are sexually active are at risk of acquiring STIs, including HIV. Adolescents who use injection drugs are at risk of acquiring HIV. Are you concerned that your older child or young adolescent might be at risk? <p>At the 11 through 14 Year (Early Adolescence) Visits, 15 through 17 Year (Middle Adolescence) Visits, and 18 through 21 Year (Late Adolescence) Visits, if not universally screened, ask the adolescent or young adult</p> <ul style="list-style-type: none"> • Do you now use or have you ever used injection drugs? • Have you ever had sex (including intercourse or oral sex)? <ul style="list-style-type: none"> > If no, skip to the next section. • Are you having unprotected sex? • Are you having sex with multiple partners or anonymous partners? • Are you or any of your past or current sexual partners bisexual? • Have you ever been treated for an STI? • Have any of your past or current sex partners been infected with HIV or used injection drugs? • Do you trade sex for money or drugs or have sex partners who do? • For males: Have you ever had sex with other males? | <p>HIV test^b</p> |
| <p>Oral Health (through 16 Year Visit)</p> | <p>The US Preventive Services Task Force recommends that primary care clinicians prescribe oral fluoride supplementation at currently recommended doses to children starting at 6 months of age whose primary water source is deficient in fluoride.</p> <p>Systemic fluoride intake through optimal fluoridation of drinking water or professionally prescribed supplements is recommended to 16 years of age or the eruption of the second permanent molars, whichever comes first.</p> | <p>At the 11 through 14 Year Visits, ask the parent</p> <ul style="list-style-type: none"> • Does your child’s primary water source contain fluoride? <p>At the 15 and 16 Year Visits, ask the adolescent</p> <ul style="list-style-type: none"> • Does your primary water source contain fluoride? | <p>Oral fluoride supplementation</p> |

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| STIs | <p>Chlamydia</p> <p>The US Preventive Services Task Force strongly recommends that clinicians routinely screen all sexually active females ≤ 25 years and other asymptomatic females at increased risk for infection for chlamydial infection.</p> <p>The AAP recommends that sexually active males who have sex with females may be considered for annual screening in settings with high prevalence rates.</p> <ul style="list-style-type: none"> • Jails or juvenile corrections facilities • National job training programs • STI clinics • High school–based clinics • Adolescent clinics for patients who have a history of multiple partners <p>Sexually active males who have sex with males (known as MSM) should be screened annually for rectal and urethral chlamydia. Males who have sex with males at high risk should be screened every 3 to 6 months.</p> <ul style="list-style-type: none"> • Multiple or anonymous sex partners • Sex in conjunction with illicit drug use • Sex with partners who participate in these activities | <p><i>At the 11 through 14 Year (Older Child/Younger Adolescent) Visits, ask the parent</i></p> <ul style="list-style-type: none"> • Adolescents who are sexually active are at risk of acquiring STIs. Are you concerned that your older child or young adolescent might be at risk? <p><i>At the 11 through 14 Year (Early Adolescence) Visits, 15 through 17 Year (Middle Adolescence) Visits, and 18 through 21 Year (Late Adolescence) Visits, ask the adolescent or young adult</i></p> <ul style="list-style-type: none"> • Have you ever had sex (including intercourse or oral sex)? <ul style="list-style-type: none"> > If no, skip to the next section. • Are you having unprotected sex? • Are you having sex with multiple partners or anonymous partners? • Are you or any of your past or current sexual partners bisexual? • Have you ever been treated for an STI? • Have any of your past or current sex partners been infected with HIV or used injection drugs? • Do you trade sex for money or drugs or have sex partners who do? • For males: Have you ever had sex with other males? | Chlamydia test | |
| | <p>Gonorrhea</p> <p>The US Preventive Services Task Force recommends that clinicians screen all sexually active females, including those who are pregnant, for gonorrheal infection if they are at increased risk for infection (ie, they are young or have other individual or population risk factors).</p> <p>The AAP recommends that sexually active males who have sex with females (known as MSF) may be considered for annual screening on the basis of individual and population risk factors, such as disparities by race and neighborhood.</p> <p>Sexually active males who have sex with males should be screened annually for rectal and urethral gonorrhea.</p> <p>Males who have sex with males at high risk should be screened every 3 to 6 months.</p> <ul style="list-style-type: none"> • Multiple or anonymous sex partners • Sex in conjunction with illicit drug use • Sex with partners who participate in these activities | | | Gonorrhea test |
| | <p>Syphilis</p> <ul style="list-style-type: none"> • Males who have sex with males and engage in high-risk sexual behavior • Persons living with HIV • Commercial sex workers • Persons who exchange sex for drugs • Those in adult correctional facilities | | | Syphilis test |

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| Tuberculosis | <p>Adolescents aged 11 through 17 years who should have an annual tuberculosis test</p> <ul style="list-style-type: none"> Adolescents infected with HIV <p>Young adults aged 18 through 21 years who should have an annual tuberculosis test</p> <ul style="list-style-type: none"> Born in, or former residents of, countries with increased tuberculosis prevalence Living in, or who have lived in, high-risk congregate settings (eg, homeless shelters, correctional facilities) Immunocompromised or living with HIV | <p>At the 11 through 14 Year (Older Child/Younger Adolescent) Visits, ask the parent</p> <ul style="list-style-type: none"> Was your child or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)? Has your child had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test result? Is your child infected with HIV? <p>At the 11 through 14 Year (Early Adolescence) Visits, 15 through 17 Year (Middle Adolescence) Visits, and 18 through 21 Year (Late Adolescence) Visits, ask the adolescent or young adult</p> <ul style="list-style-type: none"> Were you or any household member born in, or has he or she traveled to, a country where tuberculosis is common (this includes countries in Africa, Asia, Latin America, and Eastern Europe)? Have you had close contact with a person who has tuberculosis disease or who has had a positive tuberculosis test? Are you infected with HIV? | Tuberculosis test |
| Vision (11, 13, 14, 16, 17, and 18 through 21 Year Visits) | <ul style="list-style-type: none"> Patient or parental concern. Relevant family histories regarding eye disorders or preschool or early childhood use of glasses in parents or siblings should be explored. | <p>At the 11 through 14 Year Visits, ask the parent</p> <ul style="list-style-type: none"> Do you have concerns about how your child sees? Does your child have trouble with near or far vision? Has your child ever failed a school vision screening test? Does your child tend to squint? <p>At the 15 through 21 Year Visits, ask the adolescent or young adult</p> <ul style="list-style-type: none"> Do you have concerns about your vision? Have you ever failed a school vision screening test? Do you have trouble with near or far vision? Do you tend to squint? | Objective measure with age-appropriate visual acuity measurement using HOTV or LEA symbols, Sloan letters, or Snellen letters |

Abbreviations: AAP, American Academy of Pediatrics; HIV, human immunodeficiency virus; STI, sexually transmitted infection.

^a If depression screen is positive, further evaluation should be considered during the Bright Futures Health Supervision Visit. Suicide risk and the presence of firearms in the home must be considered. Disorders of mood are further discussed in the *Anticipatory Guidance* sections of the Adolescence Visits (11 Through 21 Years).

^b Adolescents should be screened for STIs per recommendations in the current edition of the AAP *Red Book: Report of the Committee on Infectious Diseases*. Additionally, all adolescents should be screened for HIV according to the US Preventive Services Task Force recommendations (<https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/human-immunodeficiency-virus-hiv-infection-screening>) once between the ages of 15 and 18, making every effort to preserve confidentiality of the adolescent. Those at increased risk of HIV infection should be tested for HIV and reassessed annually.

^c The Evidence and Rationale chapter of *Bright Futures: Guidelines for Health Supervision of Infants, Children, and Adolescents*, 4th Edition, provides additional information on these risk criteria.

^d Based on risk factors noted in *italics* or on the risk assessment questions listed here.