



Take the National Women's Health Check-up Pledge

As a participant in t	he National	Women's	Check-up	Day,
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I,		, pledge to:
,	(PRINT YOUR NAME)	, 1

- Contact my current doctor or nurse to schedule check-ups and screening services;
- Learn what screenings and immunizations I need and at what age by using the interactive screening chart and immunization tool on womenshealth.gov;
- Discuss with my health care professional during my check-up which of the tests are right for me, when I should have them, and how often;
- Schedule an appointment for at least one of the preventive health screenings to take place within the next 90 days; and
- ✓ Celebrate a healthier me and a healthier nation!

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(SIGN YOUR NAME)		(DATE)