



It's Your Time!

May 10–16, 2009

www.womenshealth.gov/whw

National Women's Checkup Day Pledge

As a participant in National Women's Checkup Day,

I, _____, pledge to:
(print your name)

- ✓ Use the interactive health screening tool on womenshealth.gov to learn about the tests and vaccines I may need;
- ✓ Contact my doctor or nurse to discuss these and other tests or vaccines I may need to have;
- ✓ Schedule an appointment for at least one of these tests or vaccines to take place within the next 90 days; and
- ✓ Celebrate a healthier me and a healthier nation!

(sign your name)

Date



U.S. Department of Health and Human Services
Office on Women's Health

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CELEBRATING
YEARS
womenshealth.gov
1-800-994-9662
TDD: 1-888-220-5446