**Directions:** Study the list of preventive screening that is possible for your age group. Write one benefit of why you should do it and if you have not done it, tell us what is holding you back.

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| **Cancer Screening** | **Benefit** | **What is holding you back? (If anything)** |
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| **Cardiovascular Screening** | **Benefit** | **What is holding you back? (If anything)** |
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| **Immunizations** | **Benefit** | **What is holding you back? (If anything)** |
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