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## September 2019 HM3

### Advancement Exam Study Guide



Hospital Corpsman (HM)

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**September 2019 Regular Exam**

**HOSPITAL CORPSMAN**

**E-4 Bibliography (Bib)  
Effective April 2019**

**HM3**

**Occupational References**

ARMED FORCES REPORTABLE MEDICAL EVENTS GUIDELINES-CASE DEFINITIONS (07-2017), ARMED FORCES REPORTABLE MEDICAL EVENTS GUIDELINES & CASE DEFINITIONS-No questions available

**BUMEDINST 1300.2B, SUITABILITY SCREENING, MEDICAL ASSIGNMENT SCREENING, AND EXCEPTIONAL FAMILY MEMBER PROGRAM IDENTIFICATION AND ENROLLMENT; ENCLOSURE 3-Page 9, 28 Questions**

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**BUPERSINST 1000.22B, MANAGEMENT AND DISPOSITION OF NAVY PERSONNEL WITH PSEUDOFOLLICULITIS BARBAE (PFB)-Page 30, 11 Questions**

**EMERGENCY WAR SURGERY (REVISION-4), EMERGENCY WAR SURGERY FOURTH UNITED STATES REVISION; CHAPTER 3-Page 31, 18 Questions**

**MCTP 3-40A, HEALTH SERVICE SUPPORT OPERATIONS; APPENDIX A-Page 32, 30 Questions**

**NAVEDTRA 14295B, HOSPITAL CORPSMAN-Page 34, 1095 Questions**

**NAVMED P-117 (WITH CHANGE-165), MANUAL OF THE MEDICAL DEPARTMENT; CHAPTER 15, 16, 19, 22, 23-Page 85, 151 Questions**

**NAVMED P-5010, MANUAL OF NAVAL PREVENTIVE MEDICINE; CHAPTER 6, 8, 9-Page 93, 260 Questions**

**NAVMED P-5041, TREATMENT OF CHEMICAL AGENT CASUALTIES AND CONVENTIONAL MILITARY CHEMICAL INJURIES; CHAPTER 1, 2, 5, 8-Page 107, 63 Questions**

**NMCPHC-TM 6220.12, MEDICAL SURVEILLANCE AND REPORTING-Page 110, 10 Questions**

**OPNAVINST 10110.1, NUTRITION AND MENU STANDARDS FOR HUMAN PERFORMANCE OPTIMIZATION-Page 111, 44 Questions**

**OPNAVINST 5100.19E, NAVY SAFETY AND OCCUPATIONAL HEALTH (SOH) PROGRAM MANUAL FOR FORCES AFLOAT; CHAPTER B1, B2, B4-Page 114, 44 Questions**

**OPNAVINST 6100.3A, DEPLOYMENT HEALTH ASSESSMENT PROCESS-Page 117, 19 Questions**

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**TRICARE DENTAL (2018), TRICARE DENTAL PROGRAM HANDBOOK-Page 120, 18 Questions**

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## Multiple Choice Test Taking Tips

Tips on answering multiple choice questions

- ✓ Read the question before you look at the answer.
- ✓ Come up with the answer in your head before looking at the possible answers, this way the choices given on the test won't throw you off or trick you.
- ✓ Eliminate answers you know aren't right.
- ✓ Read all the choices before choosing your answer.
- ✓ If there is no guessing penalty, always take an educated guess and select an answer.
- ✓ Don't keep on changing your answer, usually your first choice is the right one, unless you misread the question.
- ✓ In "All of the above" and "None of the above" choices, if you are certain one of the statements is true don't choose "None of the above" or one of the statements are false don't choose "All of the above".
- ✓ In a question with an "All of the above" choice, if you see that at least two correct statements, then "All of the above" is probably the answer.
- ✓ A positive choice is more likely to be true than a negative one.
- ✓ Usually the correct answer is the choice with the most information.

## Study Skills Help & Study Tips

Students with better study methods and strategies score higher on their exams.

- ✓ Everyone is different, different methods work for different people the following are only suggestions on improving upon your current studying techniques.
- ✓ It is best to review the material right after class when it's still fresh in your memory.
- ✓ Don't try to do all your studying the night before the test. Instead space out your studying, review class materials at least several times a week, focusing on one topic at a time.
- ✓ Have all of your study material in front of you: lecture notes, course textbooks, study guides and any other relevant material.
- ✓ Find a comfortable and quiet place to study with good lighting and little distractions (try avoiding your own bed, it is very tempting to just lie down and take a nap).

- ✓ Start out by studying the most important information.
- ✓ Learn the general concepts first, don't worry about learning the details until you have learned the main ideas.
- ✓ Take notes and write down a summary of the important ideas as you read through your study material.
- ✓ Take short breaks frequently. Your memory retains the information that you study at the beginning and the end better than what you study in the middle.
- ✓ Space out your studying, you'll learn more by studying a little every day instead of waiting to cram at the last minute. By studying every day, the material will stay in your long-term memory but if you try to study at the last moment, the material will only reside in your short-term memory that you'll easily forget.
- ✓ Make sure that you understand the material well, don't just read through the material and try to memorize everything.
- ✓ If you choose to study in a group, only study with others who are serious about the test.
- ✓ Test yourself or have someone test you on the material to find out what your weak and strong areas are. You can use the review questions at the end of each chapter or practice tests the teacher may give out as well as other materials.
- ✓ Listening to relaxing music such as classical or jazz on a low volume can relieve some of the boredom of studying.
- ✓ Don't study later than the time you usually go to sleep, you may fall asleep or be tempted to go to sleep, instead try studying in the afternoon or early evening. If you are a morning person try studying in the morning.

## **Commitment to Accuracy**

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**BUMEDINST 1300.2B, SUITABILITY SCREENING, MEDICAL ASSIGNMENT SCREENING, AND EXCEPTIONAL FAMILY MEMBER PROGRAM IDENTIFICATION AND ENROLLMENT**

**Enclosure 3**

1. Which information is used to determine if a Service member or family member can successfully transfer to the assignment location indicated on the orders? (Page E3-1)

**Suitability screening**

2. Which Act protects individual identifiable health information? (Page E3-1)

**Health Insurance Portability and Accountability Act (HIPAA)**

3. The transferring command is responsible for ensuring the Service member is screened within 30 days of receipt of transfer orders or OSN, and family members are screened within how many days of receipt of transfer orders or OSN? (Page E3-1)

**60**

4. How many months from the date of completion are medical, dental, and educational suitability screening forms valid for if there were no significant changes in the health or educational status of the Service member or family member? (Page E3-2)

**12**

5. Remote duty locations are designated based on timely access to health care services. Timely access for remote duty designation purposes is defined as residing and assigned to a duty station that is greater than how many hours driving time from a MTF under normal conditions? (Page E3-3)

**2**

6. Which reference defines dependent restricted/12 month unaccompanied tours that require a modified overseas/remote duty screening for dependents? (Page E3-5)

**MILPERSMAN 1300-302**

7. Approximately how many weeks post-delivery is post pregnancy suitability screening for mother and child conducted to ensure the infant is immunized and the mother and infant can safely travel? (Page E3-5)

**8**

8. Infants and toddlers (birth to 36 months) and preschool and school-age children (ages 3 to which birthday) receiving EIS or special education services have a statutory entitlement to services under IDEA? (Page E3-6)

**22<sup>nd</sup>**

9. Command sponsorship can be denied when medical care deemed necessary to the health of a family member is not available at the overseas location per which reference? (Page E3-6)

**DoD Instruction 1315.18**

10. Servicewomen who suspect pregnancy must obtain prompt confirmation and inform their CO or OIC within how many weeks of pregnancy confirmation? (Page E3-7)

**2**

11. The transferring command is responsible for referring all Servicewomen of reproductive age, and with intact uterus and ovaries, to have a pregnancy test administered no more than how many days prior to detaching? (Page E3-7)

**30**

12. SECNAVINST 5300.39 along with which other instruction contain guidelines for immunizations? (Page E3-8)

**BUMEDINST 6230.15A**

13. Which reference addresses immunization religious exemption requests for waivers for active duty personnel? (Page E3-9)

**DoD Instruction 1300.17**

14. The gaining MTF must submit documentation to the gaining Navy Medicine region if they have determined there is an unacceptable level of risk to the un-immunized family member who would otherwise be medically "suitable." If the gaining Navy Medicine region findings are consistent with "unsuitable," the Navy Medicine region must submit the substantiating documentation to BUMED Family Readiness within how many working days to facilitate final adjudication of the recommendation for medical suitability? (Page E3-10)

**7**

15. Only a flag officer at BUMED has the authority to recommend a medically “unsuitable” finding related to immunizations alone for Navy and Marine Corps family members. The flag officer’s finding must be returned within how many working days to the gaining SSC? (Page E3-10)

7

16. Immunization compliance is based on the age appropriate immunization schedule established by ACIP for DoDEA students under the age of how many years? (Page E3-10)

5

17. NAVMED P-117 along with which other reference contain guidance for PHA screening and Special Duty assessment? (Page E3-14)

**SECNAVINST 6120.3**

18. The pharmacy department must dispense, by prescription, sufficient quantities for the en route period of transfer or period needed by the gaining command’s pharmacy to obtain the required medications (up to how many days)? (Page E3-15)

**180**

19. For Service member or family members with a history of inpatient mental health care ensure an evaluation by a psychiatrist, psychologist, or appropriate health care provider, to include a statement verifying eligibility for overseas or operational assignments, if an exacerbation occurred, which did not result in hospitalization, but resulted in the inability to perform military or civilian work duties or to attend school for a period lasting longer than how many days? (Page E3-15)

3

20. Service member and family members are unsuitable for an overseas, remote duty, or operational assignment if they are in which Dental Classes? (Page E3-18)

**3 or 4**

21. How often at a minimum are dental examinations required for Active and Reserve component personnel? (Page E3-18)

**Annually**

22. Children who are younger than 6 months do not require a dental screening; pediatricians may screen for children less than how many months old with no teeth? (Page E3-18)

**24**

23. Dental health care providers responsible for suitability screening must review military and civilian dental records (as available) for each Service member and family member to determine if an examination or treatment is required. Which type of dental examination is required if records are not current? (Page E3-18)

**Type 2**

24. Which publication directs that family members who require early intervention or special education services must receive the same consideration for family travel at Government expense to an overseas duty location as families who don’t require such services? (Page E3-22)

**DoD Instruction 1315.19**

25. The screening MTF supporting the initial duty station must conduct an initial suitability screening for the Service member and family members before a Service member is assigned to intermediate duty assignment. How many months is the initial screening valid for? (Page E3-25)

**12**

26. If command sponsored, suitability screening is required for each family member, screening conducted within the past 12 months meets this requirement, provided the Service member signed a statement indicating that they must notify their command of any change in medical, dental or educational status. Changes include pregnancy, illness or injury requiring treatment, or rehabilitation for longer than how many days, additions or changes to medication, or any other situation or condition that might alter the initial suitability recommendation? (Page E3-26)

**90**

27. How often must BUMED Family Readiness submit a summary of substantiated deficiency reports? (Page E3-30)

**Quarterly**

28. Which reference contains guidance on Early Return (ER)/Early Return of Dependents (ERD)? (Page E3-31)

**MILPERSMAN 1300-306**

## BUMEDINST 6010.13, QUALITY ASSURANCE (QA) PROGRAM

(23 Questions)

1. What year was the QA program originally issued to standardize QA activities within Naval Medical Command MTF's? (Page 2)

**1984**

2. What must fixed MTFs and DTFs that meet the applicable criteria gain and maintain accreditation by? (Page 2)

**JCAHO**

3. How many years must routine QA program-related documentation be maintained in a secure location prior to disposal? (Page 3)

**5**

4. QA inquiries and medical records related to a potentially compensable event (PCE) and Judge Advocate General (JAGMAN) investigations must be maintained in a secure location at the local command for a minimum of how many years or as long as needed thereafter? (Page 3)

**2**

5. Medical and Dental QA programs support credentials review and privileging activities following what reference? (Page 3)

**BUMEDINST 6320.66**

6. How often should the QA program be reviewed for effectiveness and be revised as necessary? (Page 4)

**Annually**

7. What programs will MTF and DTFs have to monitor resource use and to recommend ways to balance assigned mission statements with existing health care resources? (Page 6)

**Utilization Review (UR)**

8. How many ECOMS are there per individual privileging authority? (Page 8)

**One**

9. What multidisciplinary committee is required when there is more than a single professional discipline providing patient care within the facility or type command under the cognizance of a single privileging authority? (Page 8)

**QA Committee**

10. Who interprets DoD, SECNAV, and CNO policies as well as provides guidance for Navy-wide QA program implementation? (Page 9)

**Chief, BUMED**

11. How often must the Chief, BUMED submit a QA program summary report? (Page 9)

**Annually**

12. MTFs meeting the criteria for participation in the Joint Commission survey process must maintain accreditation per what reference? (Page 10)

**BUMEDINST 6000.2D**

13. How many educational workshops are conducted by the Naval School of Health Sciences located in Bethesda, MD each year in the principles, components, and management of QA programs for naval medical department personnel? (Page 10)

**2**

14. By what date of each year must MTFs and DTFs (claimancy 18 only) forward an annual assessment of the preceding fiscal year's QA program to MED-3C4 with a copy to the cognizant responsible line commander and HLTHCARE SUPPO? (Page 10)

**January 15<sup>th</sup>**

### Enclosure 1

1. What personnel are required to be licensed but are not included in the definition of health care practitioners? (Page 1)

**Clinical Support Staff**

2. What is a determination concerning a monitor outcome confirmed through the peer review process? (Page 1)

**Validation**

3. A medical record is considered delinquent if all required record components are not completed within how many days of patient discharge? (Page 1)

**30**

4. What state occurs when there is a variance from preestablished minimally acceptable standards of care? (Page 1)

**Deficiency**

5. What type of infection is an inpatient acquired infection that was not present or incubated at the time of admission? (Page 2)

**Nosocomial**

6. An infection is considered nosocomial if it first becomes apparent within how many hours or more after admission? (Page 2)

72

7. What is the process by which practitioners of the same or like discipline evaluate the outcomes of QA program-related monitoring activities? (Page 2)

**Peer review**

8. What is an event or outcome during the process of medical or dental care in which the patient suffers a lack of improvement, injury, or illness of severity greater than ordinarily experienced by patients with similar procedures or illnesses? (Page 2)

**PCE**

9. What is the formal and systematic exercise of monitoring and reviewing medical care and outcome called? (Page 2)

**Quality Assurance**

**BUMEDINST 6110.14 (WITH CHANGE-3) DOCUMENTING AND REPORTING INDIVIDUAL MEDICAL READINESS DATA**

**(30 Questions)**

1. Which publication establishes Navy Medicine policy and procedures for assessing, documenting and reporting Individual Medical Readiness (IMR) in support of readiness requirements for Active Component (AC) and Reserve Component (RC) service members? (Page 1)

**BUMEDINST 6110.14**

2. What is an integral component of force health protection and reflects a Sailor's or Marine's ability to deploy rapidly? (Page 1)

**Individual Medical Readiness (IMR)**

3. There are six elements and how many categories of Individual Medical Readiness (IMR) across the Department of Defense? (Page 1)

**4**

4. What is an annual assessment of the Individual Medical Readiness (IMR) of a service member? (Page 1)

**Periodic Health Assessment (PHA)**

5. What is the "Adult Preventive and Chronic Care Flowsheet" form number? (Page 2)

**DD Form 2766**

6. During the PHA, the provider will ensure the deployment health requirements have been assessed and updated in which system? (Page 2)

**Medical Readiness Reporting System (MRRS)**

7. What is the "Post Deployment Health Assessment (PDHA)" form number? (Page 2)

**DD Form 2796**

8. What is the "Post Deployment Health Reassessment (PDHRA)" form number? (Page 2)

**DD Form 2900**

9. The PDHA and the PDHRA are conducted using which Navy program? (Page 2)

**Electronic Deployment Health Assessment (eDHA)**

10. Service members in which dental classes are considered to be worldwide deployable? (Page 2)

**Class 1 or 2**

11. Dental classification is determined as part of the initial dental examination and again at all annual recalls (which type of dental examinations)? (Page 2)

**Type 2**

12. While there is an annual requirement for a service member's Type 2 dental examination, the member's dental examination remains current for how many months following the month of the last Type 2 dental examination? (Page 3)

**13**

13. Which dental classification is assigned to service members with a current dental examination who do not require dental treatment or re-evaluation? (Page 3)

**Class 1**

14. Which dental classification is assigned to service members with a current dental examination who require nonurgent dental treatment or re-evaluation for oral conditions that are unlikely to result in dental emergencies within 12 months? (Page 3)

**Class 2**

15. Which dental classification is assigned to service members who require urgent or emergent dental treatment? (Page 3)

**Class 3**

16. Which dental classification is assigned to service members who require periodic dental examination, have an unknown dental classification, or have no dental record? (Page 3)

**Class 4**

17. The basic laboratory studies required for a service member to be deployable are: blood type and Rh factor, G6PD status (normal/deficient), DNA specimen on file (verified receipt at Armed Forces Institute of Pathology repository), and which antibody? (Page 3)

**Human Immunodeficiency Virus (HIV)**

18. HIV positive service members receive a clinical evaluation and HIV disease specific laboratory studies how many times yearly at a designated HIV Evaluation and Treatment Unit (HETU)? (Page 3)

**2**

19. Which term refers only to routine periodic immunizations administered to maintain an immune status? (Page 4)

**Booster**

20. What is the "Adult Immunization Record" form number? (Page 4)

**NAVMED 6230/4**

21. The influenza vaccination is required beginning 1 September and is overdue if not administered by which date of the current flu season? (Page 5)

**January 1<sup>st</sup>**

22. All service members who require vision correction are required to have how many pairs of glasses? (Page 5)

**2**

23. Which form is used to order medical warning tags for service members with medical conditions? (Page 5)

**NAVMED 6150/5**

24. Service members hospitalized or convalescing from serious illness or injury expected to require greater than how many days for full recovery shall be placed on LIMDU? (Page 6)

**90**

25. Women in the post-partum period are non-deployable for one year from the date of delivery, but are eligible for voluntary deployment how many months after delivery? (Page 6)

**6**

26. Which Individual Medical Readiness (IMR) classification will be assigned to service members who are current in all six elements? (Page 7)

**Fully Medically Ready (FMR)**

27. Which Individual Medical Readiness (IMR) classification will be assigned to service members who are lacking any readiness laboratory studies, immunizations, or medical equipment? (Page 7)

**Partially Medically Ready (PMR)**

28. Which Individual Medical Readiness (IMR) classification will be assigned to service members who are Dental Class 3 or with a deployment limiting condition? (Page 7)

**Not Medically Ready (NMR)**

29. Which Individual Medical Readiness (IMR) classification will be assigned to service members who are Overdue PHA, PDHRA (Navy), or in a Dental Class 4 status? (Page 7)

**Medical Readiness Indeterminate (MRI)**

30. What is the Navy's and Marine Corps' data display tool for Individual Medical Readiness (IMR) reports? (Page 7)

**Medical Readiness Reporting System (MRRS)**

## BUMEDINST 6224.8B, TUBERCULOSIS CONTROL PROGRAM

(28 Questions)

1. Which instruction provides policy and guidance for controlling tuberculosis (TB) among Department of the Navy (DON) military personnel and Military Sealift Command (MSC) civilian mariners (CIVMAR)? (Page 1)

**BUMEDINST 6224.8B**

2. What is the form number of the Initial Tuberculosis Exposure Risk Assessment? (Page 2)

**NAVMED 6224/7**

3. Which form is the Interim Tuberculosis Exposure Risk Assessment? (Page 2)

**NAVMED 6224/8**

4. What is the form number of the Monthly Evaluation for Patients Receiving Treatment for Latent Tuberculosis Infection? (Page 2)

**NAVMED 6224/9**

5. Records created as a result of BUMEDINST 6224.8B regardless of media and format shall be managed per which instruction? (Page 3)

**SECNAV-M 5210.1**

6. What is the form number of the Adult Immunizations Record? (Page 3)

**NAVMED 6230/4**

7. What is the form number of the Child Immunizations Record? (Page 3)

**NAVMED 6230/5**

### Enclosure 2

1. Which complex bacteria causes TB? (Page 1)

**Mycobacterium Tuberculosis**

2. What must all personnel be screened for during their operational suitability screening? (Page 1)

**LTBI**

3. Documented screening or testing for LTBI within what time frame of reporting aboard a commissioned vessel is acceptable? (Page 1)

**6 months**

4. Which form should be used to screen all Active duty and Reserve personnel during the PHA to determine their TB exposure history and risk of acquiring TB? (Page 1)

**NAVMED 6224/8**

5. How often will CIVMARs be screened at a minimum? (Page 1)

**Annually**

6. TB screening must be performed on all personnel prior to or within how many months of arrival on a commissioned vessel? (Page 2)

**6**

7. What is the approved tuberculin routine skin test? (Page 2)

**Mantoux**

8. Within how many hours after PPD administration must the TST reaction be read? (Page 2)

**48-72**

9. TST test results can be entered into AHLTA, MRRS, or which other authorized electronic medical information system? (Page 2)

**SAMS**

10. What is the normal rate of newly-identified LTBI converters to personnel tested per year in most Navy and Marine Corps settings based on historical TST results associated with routine (non-targeted) screening? (Page 2)

**1-2%**

11. A TST may be placed on the same day parenteral live-attenuated virus vaccines are given or at least how many weeks later? (Page 3)

**4**

### Enclosure 3

1. All individuals with a TST induration that is greater than or equal to how many mm must be evaluated to determine if their test is positive based on risk factors? (Page 1)

**5**

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2. An increase in reaction size of how many mm or more, within a three-year period is also considered a skin test conversion or positive test indicative of a recent infection with TB? (Page 1)

**10**

3. How often must follow ups be conducted for individuals receiving therapy for LTBI until treatment is completed? (Page 2)

**Monthly**

4. What is the recommended mechanism to assure LTBI treatment compliance whenever feasible? (Page 3)

**DOT**

5. Which form should be used to document patient education and counseling? (Page 3)

**SF 600**

6. Persons on treatment for LTBI often miss doses. The 9-month daily Isoniazid (INH) regimen should not be restarted if at least how many doses of INH can be administered within a 12-month period? (Page 3)

**270**

7. Which form must be used to document the need for continued LTBI treatment for all naval service beneficiaries who transfer from the treating health care facility or leave the military service before completing a course of treatment for LTBI? (Page 4)

**NAVMED 6224/9**

#### **Enclosure 4**

1. What is the minimum particulate respirator size that medical department personnel must wear when working in rooms or spaces containing a person with known or suspected active TB? (Page 2)

**N95**

2. Which reference contains the guidance that should be employed when conducting TB contact investigations with suspected transmission within aircraft cabins? (Page 2)

**WHO/HTM/TB/2008.399**

3. Within what time frame must a Medical Event Report be submitted for all new cases of active TB or suspected new cases of active TB by the ship or station? (Page 2)

**24 hours**



## **BUMEDINST 6230.15B, IMMUNIZATIONS AND CHEMOPROPHYLAXIS FOR THE PREVENTION OF INFECTIOUS DISEASES**

**(67 Questions)**

### **Chapter 1**

1. What will prescribe specific immunization and chemoprophylactic requirements for their units per established requirements? (Page 1)

**Command Medical Authority**

2. What is the Executive Agent for the Military Vaccination Program? (Page 2)

**Army**

3. What provides medical services for the U.S. Marine Corps? (Page 2)

**U.S. Navy**

### **Chapter 2**

1. Military service policy concerning immunizations follows what recommendations in addition to the ACIP and the prescribing information on the manufacturer's package inserts unless there is a military-relevant reason to do otherwise? (Page 2)

**CDC**

2. Vaccine doses in an initial series administered how many or more days earlier than the minimum interval should not be counted as valid doses? (Page 3)

**5**

3. What is usually recommended or required to increase immunity back to protective levels for vaccines that do not provide lifetime immunity? (Page 3)

**Booster dose**

4. How far should injections be separated by when simultaneous vaccine injections are necessary and different anatomical sites are not possible? (Page 3)

**1 inch**

5. What typically represent the most imminent threat in military training centers and are given immunization priority? (Page 3)

**Contagious diseases**

6. Two or more live virus vaccines must be administered simultaneously or separated by at least how many days? (Page 3)

**28**

7. TB testing if not done simultaneously with live virus vaccines should be done how many weeks after administration of live virus vaccines? (Page 3)

**4-6**

8. Vaccinia Immune Globulin is only available by ordering through what office? (Page 3)

**MILVAX**

9. Discard needles and syringes if vaccines are not administered before the end of the clinic day or vaccination session in accordance with the manufacturer's package insert. If no time line is provided, discard after how many hours? (Page 4)

**8**

10. At what temperatures should refrigerated vaccines be stored at? (Page 4)

**35°F to 46°F**

11. At what temperature or lower should frozen vaccines be stored? (Page 4)

**5°F**

12. What style of refrigerators are not authorized for vaccine storage? (Page 4)

**Dormitory**

13. How long should vaccine storage unit documented temperature logs be kept? (Page 4)

**3 years**

14. At least how often should vaccine storage alarms be tested? (Page 4)

**Monthly**

15. Vaccine storage alarm test records should be maintained for at least how many years? (Page 4)

**3**

16. When using a Styrofoam™ cooler for transporting vaccines the container walls must be at least how many inches thick? (Page 5)

**2**

17. With regards to the smallpox vaccine, a specific pre-immunization screening form that assesses the date of the last menstrual period is required. A pregnancy test is recommended for women when its been more than how many days since their last menstrual period? (Page 5)

**28**

18. What are the two types of exemptions from immunization? (Page 6)

**Medical and Administrative**

19. Medical exemptions from immunization are considered temporary if they are up to how many days? (Page 6)

**365**

20. What publication contains the Army's religious accommodation policy for immunizations? (Page 6)

**AR 600-20**

21. Permanent immunizations based on Religion are not granted in the Air Force. Who is the designated approval and revocation authority for temporary immunization exemptions? (Page 6)

**MAJCOM commander**

22. Individuals preparing paper-based immunization and chemoprophylaxis records will ensure that paper records match the electronic ITS. If paper-based immunization or chemoprophylaxis records are used, electronic ITS will be updated within what time frame? (Page 7)

**24 hours**

23. What form is required for yellow fever documentation and or prepared upon request for each member of the Armed Forces and for non military personnel receiving immunizations, including date, immunization given, dose, and the initials of the person administering the vaccine? (Page 7)

**CDC form 731**

24. A minimum of how many adult doses of epinephrine must be immediately accessible on scene for the medical management of an anaphylaxis event whenever vaccines are administered? (Page 8)

**Three**

25. ACIP general recommendations suggest that persons be observed for how many minutes after being immunized? (Page 8)

**15-20**

26. At least how often should MTF facilities and commands storing service treatment records review immunization and chemoprophylaxis practices to ensure compliance with current standards of care and documentation and as a measure of medical readiness and health promotion? (Page 9)

**Annually**

### **Chapter 3**

1. What include Service personnel in enlisted initial training, ROTC, OCS, academy prep school, Service Academy, Officer Indoctrination School, and officers who are directly commissioned? (Page 10)

**Military Accessions**

2. Except in an outbreak setting or for individual clinical purposes, immunization records will not be screened after completion of initial training with regard to measles, mumps, rubella, poliovirus, or what other vaccines? (Page 10)

**Varicella**

3. Live virus vaccines must be given on the same day or at least how many days apart if not given on the same day? (Page 10)

**28 days**

4. Aviation personnel are typically grounded for how many hours after immunization or as specified by their flight surgeon? (Page 11)

**12**

5. What will employees at occupational risk of exposure to wastewater or sewage receive per ACIP recommendations? (Page 12)

**Tetanus-diphtheria toxoids**

6. Family members of military personnel receive immunizations according to what current recommendations? (Page 13)

**ACIP**

7. What instruction addresses the immunization of other than U.S. Forces for biological warfare defense? (Page 13)

**DODI 6205.4**

## Chapter 4

1. Serologic testing of health care workers who have direct contact with patients and those who have potential occupational risk for exposure to bloodborne pathogens must be conducted how many months after completion of the hepatitis B vaccine series to determine serologic response according to CDC and ACIP recommendations? (Page 14)

**1 to 2**

2. How often must influenza vaccines be administered to all active duty, reserve, and National Guard personnel? (Page 14)

**Annually**

3. Unless seroimmune to both measles and rubella, the MMR vaccine must be administered to susceptible basic trainees and accessions within the first how many weeks of training? (Page 15)

**2 weeks**

4. Ensure personnel born after what year have received two lifetime doses of MMR vaccine or have positive serologic test results? (Page 15)

**1957**

5. The meningococcal vaccine must be administered to basic trainees, cadets, and midshipmen at Service academies within the first 2 weeks of training if there is no evidence of vaccination within the last how many years? (Page 15)

**5**

6. The meningococcal vaccine must be administered to personnel who are designated to deploy within how many days of notification? (Page 15)

**10**

7. A second dose of the pneumococcal vaccine must be administered to persons without spleens or severely immunocompromised how many years after the initial dose? (Page 15)

**Five**

8. A pre-exposure prophylactic immunization series may be indicated for people with potential occupational risk of exposure to rabid animals, or for forces assigned to locations where access to definitive care likely exceeds how many hours? (Page 16)

**24**

9. In what year did the WHO declare the global eradication of naturally occurring smallpox? (Page 16)

**1980**

10. Booster doses of Tetanus-diphtheria (Td) must be administered to all personnel every how many years following the completion of the primary three-dose series? (Page 17)

**10**

11. Within the first how many weeks of initial training must the varicella vaccine be administered to susceptible trainees and other accessions? (Page 17)

**2**

12. Adults and adolescents require two doses of varicella vaccine that are given how many weeks apart? (Page 17)

**4 to 8**

13. In what way is yellow fever infection transmitted? (Page 17)

**Mosquito bite**

## Chapter 5

1. What is defined as the administration of medication before, during, or after possible exposure to an infectious agent, to prevent either infection or disease? (Page 18)

**Chemoprophylaxis**

2. What publication should be consulted for chemical warfare-related chemoprophylaxis? (Page 18)

**Medical Management of Chemical Casualties**

3. Chemoprophylaxis agents dispensed to individuals must be in unit-of-use packaging or in child-resistant containers consistent with what Act? (Page 18)

**Poison Prevention Packaging Act**

4. What has been shown to increase survival when used after exposure to anthrax and before onset of symptoms? (Page 18)

**Antibiotics and Immunoglobulin**

5. What is the primary drug used for Group A Streptococcus? (Page 18)

**Penicillin**

6. What is effective in preventing leptospirosis in exposed military personnel during periods of high risk of exposure? (Page 19)

**Doxycycline**

7. What licensed vaccine is effective against the pneumonic plague? (Page 19)

**None**

### Chapter 6

1. How often at a minimum do combatant commanders provide the Chairman of the Joint Chiefs of Staff with their assessment of the biological warfare threats to their theaters? (Page 20)

**Annually**

2. How often at a minimum does the President of the Defense Health Board in consultation with the Secretaries of the Military Departments identify to the ASD (HA) the vaccines available to protect against validated biological warfare threat agents and recommend the appropriate immunization protocols and/or chemoprophylaxis? (Page 20)

**Annually**

3. The DoD Immunization Program for Biological Warfare Defense is conducted within how many days after receiving the validated and prioritized biological warfare threat list? (Page 20)

**30**

### Chapter 7

1. For infectious disease threats for which the only available vaccine or chemoprophylaxis product is in an IND status, the IND product must be administered in full accordance with FDA regulations at 21 CFR Parts 50 and 312, as well as 10 USC 1107, Executive Order 13139, and what else? (Page 20)

**DODD 6200.2**

2. Using the appropriate chain, who must Commanders request approval from to use INDs for force health protection? (Page 20)

**Secretary of Defense**

3. A vaccine, antibiotic, or other product in an IND status may be mandatory for military members if who has approved a waiver for the requirement for informed consent? (Page 20)

**President of the United States**

4. What is the Executive Agent for the Immunization Program for Biological Warfare Defense? (Page 21)

**Army**

### Chapter 8

1. Under what act, some drugs, vaccines, or devices that have not been approved or licensed by the FDA through the regular drug approval process may be used as medical countermeasures to CBRN agents or threats, if the FDA grants an EUA? (Page 21)

**21 USC 564**

2. In general, the FDA may grant an EUA for up to how many months? (Page 21)

**12**

3. The FDA may decide that potential recipients of a drug under an EUA should have the option to refuse it. Who may waive this option for military personnel? (Page 21)

**POTUS**

4. Requests for possible EUAs for military purposes must be submitted to what for consideration? (Page 21)

**ASD (HA)**

## BUMEDINST 6280.1C, MANAGEMENT OF REGULATED MEDICAL WASTE

(53 Questions)

### Intro

1. Which instruction provides standards for management of regulated medical waste (RMW) generated from processes at Bureau of Medicine and Surgery (BUMED) Budget Submitting Office (BSO) 18 facilities or received by BUMED facilities prior to treatment and disposal? (Page 1)

**BUMEDINST 6280.1C**

2. Regulations provided in 29 CFR Part 1910.1030 and the policies in which other reference describe the processes that BUMED facilities will implement to protect personnel from occupational exposures to blood and other potentially infectious material? (Page 1)

**BUMEDINST 6220.14**

3. Wastes generated from the management of biological select agents and toxins must be managed per which reference? (Page 1)

**BUMEDINST 6210.3**

4. Regulated medical wastes generated by non-BUMED facilities or received by non-BUMED facilities for management are governed by the requirements of which reference? (Page 2)

**OPNAVINST 5090.1D**

5. What is solid material intended for disposal which is produced as the direct result of non-infectious patient diagnosis, treatment, therapy, or medical research other than those characterized as Regulated Medical Waste (RMW)? (Page 2)

**Non-Regulated Medical Waste (RMW)**

6. What is generated during diagnosis, treatment, or immunization of humans or animals and is capable of causing disease or would pose other adverse health risks to individuals or the community if improperly handled? (Page 2)

**Regulated Medical Waste (RMW)**

7. How many groups is Regulated Medical Waste (RMW) organized into that are managed based on associated risks? (Page 2)

**9**

### Enclosure 1

1. How many primary groups of Regulated Medical Waste (RMW) are there each with specific management, treatment, and disposal criteria? (Page E1-1)

**9**

2. Which group of Regulated Medical Waste (RMW) deals with cultures, stocks, and vaccines? (Page E1-1)

**1**

3. Which group of Regulated Medical Waste (RMW) deals with pathological waste? (Page E1-1)

**2**

4. Which group of Regulated Medical Waste (RMW) deals with blood and blood products? (Page E1-1)

**3**

5. Which group of Regulated Medical Waste (RMW) deals with used sharps? (Page E1-1)

**4**

6. Which group of Regulated Medical Waste (RMW) deals with animal Waste (from animals exposed to infectious agents during research, production of biologicals, or testing of pharmaceuticals)? (Page E1-1)

**5**

7. Which group of Regulated Medical Waste (RMW) deals with isolation Wastes (including bedding from patients or animals from BioSafety Level 4 (BSL 4) agents)? (Page E1-1)

**6**

8. Which group of Regulated Medical Waste (RMW) deals with unused sharps? (Page E1-1)

**7**

9. Which group of Regulated Medical Waste (RMW) deals with other (including fluids that are designated by the local infection control authority)? (Page E1-1)

**8**

10. Which group of Regulated Medical Waste (RMW) deals with Chemotherapy Trace Wastes? (Page E1-1)

**9**

11. Which category of Regulated Medical Waste (RMW) is specific to infectious animals, contaminated animal carcasses, body parts, and bedding of animals known to have been exposed to infectious agents during treatment, research, productions of biologicals, or testing of pharmaceuticals? (Page E1-1)

**Animal waste**

12. How many Bio Safety Levels are there with specific combination of work practices, safety equipment, and facilities, which are designed to minimize the exposure of workers and the environmental to infectious agents? (Page E1-2)

**4**

13. Which Bio Safety Level is the most stringent and applies for work with dangerous and exotic agents that pose a high individual risk of life threatening disease, which may be transmitted via the aerosol route and for which there is no available vaccine or therapy? (Page E1-2)

**Level 4**

14. What are defined as infectious agents and associated biologicals, including those from medical and pathological laboratories, as well as dishes and devices used to transfer, inoculate, and mix cultures? (Page E1-2)

**Cultures and stocks**

15. Which type of waste would a syringe used to administer a medication that classifies as a pharmaceutical Hazardous Waste (HW) or dental amalgam waste be an example of? (Page E1-2)

**Dual**

16. What is a Solid Waste (SW), or combination of Solid Waste (SW), which, because of its quantity, concentration, or physical, chemical, or infectious characteristics, may cause or significantly contribute to an increase in mortality or an increase in serious irreversible or incapacitating reversible illness or pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, disposed of, or otherwise managed? (Page E1-2)

**Hazardous Waste (HW)**

17. Which type of waste would include biological waste and discarded materials contaminated with blood, excretion exudates, secretions from humans who are isolated to protect others from highly communicable disease, and secretions from isolated animals known to be infected with highly communicable diseases caused by BSL 4 agents including pox viruses and arboviruses? (Page E1-2)

**Isolation**

18. Which type of waste would include used personal hygiene products (e.g., diapers, facial tissues, and sanitary napkins not originating from post-partum suites or gynecological surgical wards) and absorbent materials containing very small amounts of blood or other body fluids (e.g., bandaids)? (Page E1-2)

**Non-Regulated Medical Waste (RMW)**

19. Which type of waste would include organs, tissues, body parts other than teeth, products of conception, and fluids containing tissue removed by trauma or during surgery or autopsy or other medical procedure? (Page E1-3)

**Pathological**

20. Which type of waste is generated during diagnosis, treatment, and immunization of humans or animals and is capable of causing disease or would pose other adverse health risks to individuals or the community if improperly handled? (Page E1-3)

**Regulated Medical Waste (RMW)**

21. Chemotherapy trace waste is defined as needles, empty vials, syringes, gowns, and tubing that contained chemotherapeutic pharmaceuticals or were exposed to chemotherapeutic pharmaceuticals during treatment of the patients. These wastes must be classified as empty (less than what percent of its full capacity remaining) to meet this definition? (Page E1-3)

**3%**

22. Who is responsible for formulating and disseminating Navy Medicine policy and guidance related to the management of Regulated Medical Waste (RMW)? (Page E1-3)

**Chief, BUMED**

23. Who is responsible for ensuring that Regulated Medical Waste (RMW) is identified and managed according to existing regulations and policies, including adherence to the most stringent requirements applicable to a site are followed? (Page E1-4)

**Environmental Program Manager (EPM)**

24. How many years after being appointed must the Environmental Program Manager (EPM) take environmental training? (Page E1-4)

**1**

25. How often at a minimum must the Environmental Program Manager (EPM) visit each subordinate command to assess the environmental compliance posture and provide assistance as required? (Page E1-5)

**Annually**

26. Who is responsible for providing overall management of the Regulated Medical Waste (RMW) program for the site, including proper segregation, collection, storage, preparation for transport, and recordkeeping? (Page E1-5)

**Environmental Point of Contact (EPOC)**

27. How often must employees handling Regulated Medical Waste (RMW) receive environmental refresher training? (Page E1-6)

**Annually**

28. Within the facility, all non-sharps Regulated Medical Waste (RMW) must be placed in containers appropriate for the waste that are clearly marked with the universal biohazard symbol, labeled with the word "BIOHAZARD", and what in color? (Page E1-6)

**Red**

29. Containers used for the collection of non-sharp RMW must be lined with plastic RMW bags that are marked and certified by the manufacturer to meet the 165 gram (g) Impact Strength American Society for Testing and Materials (ASTM) D 1709-01 and the how many grams Tear Strength ASTM D 1922-00a standards? (Page E1-6)

**480g**

30. What are vaccines containing thimerosal managed as? (Page E1-7)

**Hazardous Waste (HW)**

31. Pathological waste must be placed in frozen storage if it is to be maintained on-site longer than how many hours? (Page E1-8)

**24**

32. Which type of waste are extracted teeth considered to be? (Page E1-8)

**Regulated Medical Waste (RMW)**

33. Which type of waste are extracted teeth with amalgam considered to be? (Page E1-8)

**Dual**

34. Which type of waste are placentas considered to be if managed by the facility? (Page E1-8)

**Pathological**

35. Which Regulated Medical Waste (RMW) group may include but are not limited to semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid? (Page E1-11)

**8**

36. If frozen, pathological waste may remain in storage on-site up to how many calendar days? (Page E1-11)

**30**

37. Non-pathological Regulated Medical Waste (RMW) may be placed unrefrigerated in final storage (i.e., the location where RMW is held to await off-site transport or disposal) for up to how many calendar days unless the waste becomes putrescent within a shorter storage duration? (Page E1-12)

**7**

38. Interim and final Regulated Medical Waste (RMW) storage areas must be constructed to prevent pest access, and to allow for easy cleaning, especially of spills. The entrance(s) to the storage area must be labeled as "BIOHAZARD" and marked with the universal biohazard symbol. If the signage cannot be placed on the door, it must be placed on the wall directly adjacent to the entry. Per BUMEDINST 6220.14, the signage must be fluorescent orange or orange-red with lettering and symbols in a contrasting color such as black. The signage must be legible from a distance of at least how many feet? (Page E1-12)

**5**

39. Regulated Medical Waste (RMW) that will be transported over public roadways to an off-site treatment and disposal facility is typically removed by a Regulated Medical Waste (RMW) disposal contractor. This waste must be packaged per which reference including labeling requirements? (Page E1-13)

**49 CFR 100-185**

40. Steam sterilization must be achieved per equipment manufacturer recommendations, including equipment maintenance and testing. In the absence of manufacturer recommendations, steam sterilization requires temperatures of at least 121° C (250° F) for at least 90 minutes at 15 pounds per square inch of gauge pressure, and Geobacillus stearothermophilus spore strips must be used how often to test the sterilization process? (Page E1-14)

**Weekly**

41. Command and job specific training must occur prior to beginning work, and how often thereafter for all employees with occupational exposure to Regulated Medical Waste (RMW)? (Page E1-15)

**Annually**

42. Employees in continental United States locations responsible for packaging the Regulated Medical Waste (RMW) for off-site transport or signing the shipping documents and manifests must complete training that is specific for Class 6-Division 6.2 hazardous materials and compliant with the requirements of 49 CFR 100-185. Initial training is required as soon as possible, but not longer than how many days, upon assuming duties? (Page E1-15)

**90**

43. Each facility must develop a site-specific Medical Waste Management Plan. Modifications to the plan must be made within how many days of the annual review or following a significant process change? (Page E1-16)

**90**

44. How many years from the date of training must all training records be retained for? (Page E1-16)

**3**

45. Facilities must maintain Regulated Medical Waste (RMW) shipping documents and manifests for at least how many years after the waste was accepted by the transporter? (Page E1-16)

**2**

46. If Regulated Medical Waste (RMW) is transported off-site, the receiving facility must provide written documentation certifying proper treatment and disposal to the generating facility. In the event that this documentation is not received within how many days, the EPM must notify the contracting officer representative for the RMW disposal contract to determine appropriate means of contacting the transporter and receiving facility to trace the disposal? (Page E1-16)

**60**



## BUMEDINST 6300.19, PRIMARY CARE SERVICES IN NAVY MEDICINE

(44 Questions)

1. What has the mission of providing Force Health Protection and supporting the medical needs of the Navy and Marine Corps Team across the entire spectrum of operations? (Page 1)

**Navy Medicine**

2. What is the foundation on which Force Health Protection is built? (Page 1)

**Primary care services**

3. What will PCMH be known as in Navy Medicine? (Page 2)

**Medical Home Port**

4. Oversight of this instruction will be provided by three Navy Medicine clinical Region Commanders, reporting implementation progress and subsequent performance to the Bureau of Medicine and Surgery (BUMED) M3/5 on what basis? (Page 2)

**Monthly**

5. All primary care clinics in Navy Medicine will have transitioned to the Medical Home Port model by what date? (Page 3)

**June 30<sup>th</sup>, 2011**

6. Who will act as the resource sponsor for all resource requirements necessary to fully implement Medical Home Port? (Page 4)

**Deputy Chief, BUMED, Resource Management (M8)**

7. Who will lead a diverse, multidisciplinary team in the implementation, monitoring, and assessment of Medical Home port? (Page 6)

**MTF Clinical Champion**

8. Who will identify board members to augment NCQA site surveyors to assist in site evaluation for recognition by NCQA and compliance with the standards in BUMEDINST 6300.19? (Page 7)

**Chairman, Primary Care Advisory Board**

### Enclosure 2

1. What is an integrated, comprehensive, continuous way of meeting the health care needs of patients by the Navy Medicine Team? (Page 1)

**Navy Medicine Primary Care**

2. What is Navy Medicine's new model of primary care services? (Page 1)

**Medical Home Port**

3. What has established nationally recognized standards for PCMH? (Page 1)

**NCQA**

4. It is expected that all Medical Home Port locations will attain recognition for Level I within how many months of establishing a Medical Home Port clinic? (Page 1)

**Four**

5. Once achieving NCQA Level I recognition through a self-assessment, Medical Home Port clinics have an additional how many months to achieve NCQA Level II recognition? (Page 1)

**Six**

6. A clinician who is available for how many fully bookable hours each week shall be defined as a full time equivalent of 1.0? (Page 2)

**36**

7. Family Medicine Training Program Faculty members are required to comply with the requirements of the Accreditation Council for Graduate Medical Education (ACGME) Residency Review Committee (RRC) mandate of how many hours per faculty full time equivalent per year spent in resident teaching, oversight, or other faculty-related activities, exclusive of other patient care responsibilities? (Page 3)

**1400**

8. New hiring actions to support Medical Home Port are not authorized unless specifically approved by whom? (Page 4)

**Navy Medicine Region Commander**

9. BUMED strongly recommends that providers should realize 1,100 patients is the minimum, but not to exceed how many patients, for every full-time equivalent provider on the Medical Home Port Team for patient empanelment? (Page 4)

**1,300**

10. CNO guidance specifies that MTFs cannot enroll students who are assigned to that command for less than how many days? (Page 4)

**179**

11. Each Medical Home Port team will consist of how many privileged providers? (Page 5)

**3-5**

12. When a Medical Home Port provider team consists of three providers, at least how many of them must be physicians? (Page 5)

**One**

13. When a Medical Home Port provider team consists of five providers the team will have no more than what total of administrative discounts? (Page 5)

**1.25**

14. What percentage of civilians should commands strive to ensure that each Medical Home Port provider team consists of? (Page 5)

**50%**

15. Each Medical Home Port team shall have one Behavioral Health Provider for every how many enrollees? (Page 6)

**7,500**

### **Enclosure 3**

1. Who serves as the care manager for assigned patients to coordinate care and other necessary services to meet the needs of the patient, as determined by the patient's primary care provider? (Page 1)

**RN**

2. As a general rule, commanders, Commanding Officers, and officers in charge will make every effort to not rotate Medical Home Port Team Nurses for a minimum of how many years? (Page 1)

**One**

3. Who is responsible for the care, career progression, and Sailorization of enlisted personnel in the primary care department of which the Medical Home Port clinic is a part? (Page 2)

**Senior Enlisted Leader**

4. Who facilitate patient check-in, verification of DEERS eligibility and collection of Other Health Insurance Information? (Page 2)

**Clerical staff**

5. What is the recommended ratio of behavioral health providers to enrolled patients? (Page 2)

**1:7,500**

6. In general, one Nurse Educator can serve the needs of approximately how many patients? (Page 3)

**7,500**

7. In general, one case manager can meet the needs of approximately how many patients? (Page 4)

**7,200**

8. Who provide advice on diet, food, and nutrition? (Page 4)

**Nutritional Supports**

### **Enclosure 4**

1. How many types of appointments will be used in Medical Home Port clinics? (Page 1)

**Four**

2. ACUT appointment types are for patients to be seen within what time frame? (Page 1)

**24 hours**

3. Established Appointment Types (EST) appointments are for patients to be seen within what time frame? (Page 1)

**One week**

4. All WELL appointments will be seen within what time frame? (Page 1)

**One week**

5. What two factors will be considered when deciding which appointment type to use? (Page 1)

**Medical acuity and Patient desires**

Test your knowledge online at [NavyBMR.com](http://NavyBMR.com)

6. Civilian experience suggests that what percent of patients requesting a primary care appointment will desire a same day appointment? (Page 1)

**50%**

7. Medical Home Port clinics that attain what recognition will no longer be subject to traditional productivity-based PPS incentives, but will be judged on access, quality, outcome, and other related measures? (Page 2)

**NCQA Level II**

#### **Enclosure 6**

1. All primary care providers participating in a Medical Home Port clinic shall be a member of the Medical Home Port clinic team of how many providers? (Page 1)

**3-5**

2. BUMED strongly recommends that providers realize 1,100 patients is the minimum, but not to exceed how many patients for every provider or full time equivalent? (Page 1)

**1,300**

3. Enrolled patients calling for an appointment and requesting to be seen the same day will be seen that same day by a member of the Medical Home Port team. All other patients will be seen within how many days unless they specifically request a later appointment or it would be medically inappropriate for them to wait that long? (Page 2)

**Seven**

4. What is the process used to empower patients to make wiser health care decisions? (Page 2)

**Demand management**

5. Quality care is realized when patients and providers partner together to set and attain health care goals. What is essential for this to succeed? (Page 4)

**Continuity of care**

#### **Enclosure 7**

1. What provides demand management, results distribution, preventive healthcare communication, broadcast messaging/announcements and minor problem management? (Page 1)

**Asynchronous secure messaging**

## BUMEDINST 6440.5D, NAVY MEDICINE'S AUGMENTATION PROGRAM

(27 Questions)

### Chapter 1: Roles and Responsibilities

1. Who directs, coordinates, and monitors the readiness and execution of the NEHSS Platforms, IA, and emergent mission support programs? (Page 1-1)

**Chief, Bureau of Medicine and Surgery (BUMED)**

2. Who serves as the principal advisor for NAVMED Total Force (includes active duty, reserve, civilian, and contractor) programs and practices? (Page 1-1)

**Deputy Director, Military Manpower & Personnel (BUMED-M1)**

3. What is NAVMED's designated official readiness system? (Page 1-1)

**Expeditionary Medicine Platform Augmentation, Readiness, and Training System (EMPARTS)**

4. How often must the Deputy Director, Military Manpower & Personnel (BUMED-M1) review activity manpower documents (AMD)? (Page 1-1)

**Annually**

5. Who establishes policy to ensure individual and platform training programs are complied with and sufficiently meet operational readiness requirements? (Page 1-2)

**Deputy Director, Education and Training (BUMED-M7)**

6. What/who provides guidance to NAVMED Specialty Leaders? (Page 1-2)

**Office of the Corps Chiefs**

7. Who ensures NAVMED logistics readiness elements, including platform equipment and supply sets, are ready to execute requirements of respective platform Required Operational Capability (ROC) and Projected Operational Environment (POE)? (Page 1-2)

**Deputy Director, Fleet Support & Logistics (BUMED-M4)**

8. Who develops and oversees a cost accounting structure to track costs for NMAP missions? (Page 1-2)

**Deputy Director, Financial Management/Comptroller (BUMED-M8)**

9. Who directs, coordinates, and monitors the execution of operational readiness compliance and readiness reporting? (Page 1-3)

**Deputy Director, Operational Medicine and Capabilities Development (BUMED-M9)**

10. Who serves as the resource advocates for medical training requirements? (Page 1-3)

**Commander, Navy Medicine Education and Training Command**

11. NAVMED Echelon 3 Activities conduct assist visits every how many years or as requested with the sourcing commands to ensure compliance with this instruction? (Page 1-4)

**2**

12. How often do NAVMED Echelon 3 Activities conduct data analysis for personnel deficiencies, thresholds of compromised beneficiary services, deployment trends, and readiness of Navy medical forces obligated to platforms or operating forces, and impacts on sourcing command health care operations as required? (Page 1-4)

**Quarterly**

13. Sourcing Command POMI Maintains and reports individual command personnel readiness utilizing which system? (Page 1-6)

**EMPARTS**

14. All BSO-18 Personnel must report to the sourcing command POMI immediately upon identification of changes or events that affect their deployment readiness status within how many hours of knowledge of change in condition? (Page 1-6)

**48**

### Chapter 2: Readiness

1. Which publication requires that all of the Services report readiness? (Page 8)

**DoD Instruction 6025.19**

2. What is NAVMED's designated official readiness tracking and reporting system? (Page 8)

**EMPARTS**

3. Which program is being developed to serve as a bridge to bring authoritative data from disparate DoD and Navy data sources that are not approved to directly interface with the Defense Readiness and Reporting System-Navy (DRRS-N)? (Page 9)

**Readiness and Cost Reporting Program (RCRP)**

4. Which system is used by the Navy as the authoritative system to meet DoD's requirement to report readiness? (Page 9)

**Defense Readiness and Reporting System-Navy (DRRS-N)**

5. NAVMED Echelon 3 activities and sourcing commands are only responsible for reporting readiness as it relates to P and T, as well as Administrative status or A-status, using which system? (Page 9)

**EMPARTS**

6. What captures assignment and personnel reporting information and provides a feedback loop? (Page 9)

**Accountability Tool**

7. What provides BUMED-M9 with information concerning the current and projected readiness status of Platform-assigned personnel including but not limited to fit to fill and current substitutions? (Page 9)

**Accountability Drill**

8. The Accountability tool template must be forwarded to BUMED-M9 within how many hours of an official Naval Message initiating a drill? (Page 10)

**24**

9. The Accountability tool must be forwarded to BUMED-M9 within how many business days of the completion of a Training Exercise? (Page 10)

**5**

10. What is the "Individual Deployment Readiness Checklist" form number? (Page 10)

**NAVMED 6440/1**

11. If personnel are determined to have a temporary condition that renders them non-deployable for greater than how many days, then the individual will not remain assigned to a platform? (Page 10)

**90**

12. The sourcing command POMI must ensure an accurate depiction of the command's and individual's current state of readiness, including currently deployed and recently returned personnel that are in dwell, by updating the individual's information in EMPARTS within how many business days of notification? (Page 10)

**2**

13. What provides the necessary details to describe the mission areas, environment, and operational capabilities? (Page 11)

**ROC-POE**

**BUPERSINST 1000.22B, MANAGEMENT AND DISPOSITION OF NAVY PERSONNEL WITH PSEUDOFOLLICULITIS BARBAE (PFB)**

**(11 Questions)**

1. Which reference permits the wearing of mustaches and allows for facial hair for certain medical conditions such as uncontrollable PFB (shaving bumps), severe facial scarring, etc.? (Page 1)

**U.S. Navy Uniform Regulations, 1990**

2. Which reference describes the associated problems of facial hair that may constitute a safety or health hazard for some personnel? (Page 1)

**OPNAVINST 5100.19D**

3. Which race is most susceptible to Pseudofolliculitis Barbae (PFB)? (Page 1)

**African Americans**

4. What will be utilized to document the servicemember's initial Pseudofolliculitis Barbae (PFB) condition, progression of treatment, and final recommendation? (Page 2)

**NAVPERS 1000/1**

5. What is the maximum acceptable length that individuals in a temporary or permanent "no shave" status must maintain their facial hair? (Page 2)

**¼ inch**

6. Under which MILPERSMAN article can Commanding Officers process members for administrative Separation who have a permanent "no shaving" status determined to be detrimental to good order and discipline that affects the members ability to perform military duties? (Page 2)

**1910-120**

**Enclosure 1**

1. Up to how many papules or rare pustules can still be considered to be a mild case of PFB? (Page 1)

**30**

2. How many weeks should personnel who have been diagnosed with a mild case of PFB avoid shaving? (Page 1)

**4**

3. Up to how many papules or rare pustules can still be considered to be a moderate case of PFB? (Page 2)

**60**

4. How often should clippers be used to control severe cases of PFB? (Page 2)

**Daily**

5. How often would maintenance therapy be required for optimal bump reduction if a patient undergoes laser treatment for non-permanent hair removal to treat severe cases of PFB? (Page 2)

**Quarterly**

## EMERGENCY WAR SURGERY (REVISION-4), EMERGENCY WAR SURGERY FOURTH UNITED STATES REVISION

### Chapter 3

1. Which type of event overwhelms immediately available medical capabilities to include personnel, supplies, and/or equipment? (Page 29)

#### **Mass Casualty**

2. Which principle is effective mass casualty response founded on? (Page 29)

#### **Triage**

3. Which system sorts and prioritizes casualties based on the tactical situation, mission, and available resources? (Page 29)

#### **Triage**

4. How many different categories of triage are there? (Page 30)

4

5. Groups of injured people who require attention within minutes to 2 hours on arrival to avoid death or major disability fall under which triage category? (Page 30)

#### **Immediate**

6. Which triage category would a patient be placed into who presents with a head injury requiring emergent decompression? (Page 30)

#### **Immediate**

7. Which triage group includes those wounded who are in need of surgery, but whose general condition permits delay in treatment without unduly endangering life, limb, or eyesight? (Page 30)

#### **Delayed**

8. Which triage category would a patient be placed into who arrives with fractures or soft-tissue injuries without significant bleeding? (Page 31)

#### **Delayed**

9. Which triage group has relatively minor injuries and can effectively care for themselves or with minimal medical care? (Page 31)

#### **Minimal**

10. Which triage group has injuries that overwhelm current medical resources at the expense of treating salvageable patients? (Page 31)

#### **Expectant**

11. Heavy stress patients should be sent to a combat stress control restoration center for up to how many days reconstitution? (Page 33)

3

12. Which mnemonic should be used where resources/tactical situations allow for combat stress patients? (Page 33)

#### **BICEPS**

13. What has transfusion medicine in the theater of war historically relied on and will probably continue to rely on in the future? (Page 36)

#### **Walking blood bank**

14. The majority of combat wounded will suffer nonfatal extremity injuries. How will these be triaged in general? (Page 37)

#### **Non-emergent**

15. All casualties should flow through a single triage area and undergo rapid evaluation by whom? (Page 38)

#### **Initial triage officer**

16. Who is responsible for overarching clinical management of the mass casualty response at role 2-4 facilities? (Page 41)

#### **Chief of Trauma**

17. Who must each individual on the resuscitation treatment team coordinate the movement of their patients with? (Page 43)

#### **Chief Surgical Triage Officer**

18. Numerous authors have stated that, after the first 24 hours of a mass casualty ordeal, the activities of the care providers must be decreased by what percentage to allow for participant recovery and rest? (Page 45)

50%

## MCTP 3-40A, HEALTH SERVICE SUPPORT OPERATIONS

### Appendix A: Authorized Medical and Dental Allowance Lists

1. Each AMAL that has a consumable block has a ratio of one set of equipment per two sets of consumables with the exception of the FRSS, which has which ratio? (Page A-1)

**1:5**

2. Which AMAL is used for Lab Equipment? (Page A-1)

**618**

3. Which AMAL is used for Lab Supply? (Page A-1)

**619**

4. Which AMAL is used for X-Ray? (Page A-1)

**627**

5. Which AMAL is used for Shock Surgical/Triage Equipment? (Page A-1)

**631**

6. Which AMAL is used for Shock Surgical Team/Triage Supply? (Page A-2)

**632**

7. Which AMAL is used for Acute Care Ward Equipment? (Page A-2)

**633**

8. Which AMAL is used for Acute Care Ward Supply? (Page A-2)

**634**

9. Which AMAL is used for Battalion Aid Station Equipment? (Page A-2)

**635**

10. Which AMAL is used for Battalion Aid Station Supply? (Page A-2)

**636**

11. Which AMAL is used for Preventive Medicine Maneuver? (Page A-2)

**637**

12. Which AMAL is used for Preventive Medicine Technician? (Page A-2)

**638**

13. Which AMAL is used for Operating Room Equipment? (Page A-2)

**639**

14. Which AMAL is used for Operating Room Supply? (Page A-2)

**640**

15. Which AMAL is used for FRSS? (Page A-2)

**645**

16. Which AMAL is used for FRSS Resupply? (Page A-3)

**646**

17. Which AMAL is used for ERCS? (Page A-3)

**647**

18. Which AMAL is used for CASEVAC? (Page A-3)

**648**

19. Which AMAL is used for Preventive Medicine OEHS? (Page A-3)

**650**

20. Which AMAL is used for Preventive Medicine ENTO? (Page A-3)

**651**

21. Which AMAL is used for CBIRF? (Page A-3)

**652**

22. Which AMAL is used for MARSOC? (Page A-3)

**660**

23. Which AMAL is used for GEO Mission/Cold Weather? (Page A-3)

**685**

24. Which AMAL is used for GEO Mission/Hot Weather Supplement? (Page A-3)

**686**

25. Which AMAL is used for GEO Mission/CBRN Individual? (Page A-3)

**687**



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26. Which AMAL is used for GEO Mission/CBRN Unit? (Page A-4)

**688**

27. Which AMAL is used for MEDLOG Test/Repair Equipment? (Page A-4)

**691**

28. Which AMAL is used for MEDLOG Test/Repair Supply? (Page A-4)

**692**

29. Which AMAL is used for Sick Call? (Page A-4)

**699**

30. Which ADAL is used for Field Dental Operator? (Page A-4)

**662**

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## NAVEDTRA 14295B, HOSPITAL CORPSMAN

(1,095 Questions)

### Chapter 1

1. In March 2, of what year, Congress mandated that the newly commissioned sailing warships—that comprised the first U.S. naval fleet—contain a “cockpit,” or sick bay, where sick and injured men could be brought and cared for by “Surgeons,” and “Surgeon’s Mates.”? (Page 1-1)

**1799**

2. Who was the Navy’s first Loblolly Boy? (Page 1-1)

**John Wall**

3. Who as the Navy’s first African-American Loblolly? (Page 1-1)

**Joseph Anderson**

4. The Navy regulations first listed “Loblolly Boy” as an official rate in what year? (Page 1-1)

**1814**

5. The Hospital Corps became an organized unit of the Navy Medical Department under the provisions of an act of Congress approved 17 June of what year signed into law by President William McKinley? (Page 1-1)

**1898**

6. Women were first brought into the Hospital Corps during what? (Page 1-2)

**World War II**

7. During World War II, a total of 15 Navy enlisted men were awarded the Medal of Honor; of this number, how many were Hospital Corpsmen? (Page 1-2)

**Seven**

8. The attacks of September 11<sup>th</sup> were traced to what which is an ultra conservative Sunni Islamist terrorist organization and its leader Osama bin Laden? (Page 1-3)

**Al Qaida**

9. The Iraqi conflict gave Navy Medicine an opportunity to utilize what newly developed concept? (Page 1-4)

**Shock Trauma Platoon (STP)**

10. The Tomahawk missile that opened the Iraqi conflict was launched from what ship? (Page 1-5)

**USS Cheyenne**

11. An inescapable legacy of the Overseas Contingency Operations in Iraq and Afghanistan are the thousands of Marines, Sailors, and Soldiers returning with traumatic brain injury (TBI) as well as deeper psychological wounds categorized as what? (Page 1-5)

**Post-Traumatic Stress Disorder (PTSD)**

12. On 01 October of what year, the Dental Technician (DT) rating, a separate enlisted specialty since 12 December 1947, merged with the Hospital Corps? (Page 1-7)

**2005**

13. Specialized dental training for medical enlisted Sailors extends back to 03 February of what year when the first class of Hospital Corpsmen attended the U.S. Dental School in Washington, DC? (Page 1-7)

**1923**

14. What marked the first time that Hospital Corpsmen wearing dental rating badges served in combat? (Page 1-7)

**Korean War**

15. To date, there have been how many Medal of Honor recipients from the Hospital Corps? (Page 1-8)

**22**

16. There have been how many Naval Vessel's that have been named for Hospital Corpsman? (Page 1-8)

**14**

### Chapter 2

1. Specific instructions for management of reports and forms are covered in the current version of what series? (Page 2-1)

**BUMEDINST 5210.9**

2. All important occurrences are reported by the what to the OOD for entry into the duty log or journal of the command? (Page 2-1)

**Senior Medical Department Representative (SMDR)**

3. A Memorandum for the Record is prepared in accordance with (IAW) what series, Department of the Navy Correspondence Manual, series for any event of historical or legal importance, or for which good judgment dictates that it should be recorded? (Page 2-2)

**SECNAVINST 5216.5**

4. What is an administrative management tool that tracks the medical and dental readiness of Navy and Marine Corps operational units? (Page 2-2)

**SAMS**

5. What is an administrative management tool that is used to track the medical and dental readiness of every active duty and reserve Sailor or Marine? (Page 2-2)

**MRRS**

6. How often is the Sick Call Treatment Log report forwarded to the Commanding Officer? (Page 2-2)

**Daily**

7. What is the nucleus for managing maintenance aboard all ships and applicable shore station equipment? (Page 2-3)

**3-M System**

8. What type of directives regulate administration, establish policy, delegate authority, and assign a mission function or task? (Page 2-3)

**Permanent**

9. What type of directives are normally issued as a notice to request comments or approval, and announce information such as a change of command or education and promotion opportunities? (Page 2-3)

**Temporary**

10. What is Official Naval correspondence usually prepared and referred to as? (Page 2-4)

**Standard naval letter**

11. What series contains all the information needed to prepare naval correspondence? (Page 2-4)

**SECNAVINST 5216.5**

12. Instructions are normally placed in large three-ring binders in numerical sequence according to what number and issuing authority? (Page 2-4)

**Standard Subject Identification Code (SSIC)**

13. For security purposes, classified directives and documents are filed in separate binders and maintained in a safe in accordance with what series? (Page 2-4)

**SECNAV M-5510.36**

14. What series are SSICs found in? (Page 2-4)

**SECNAVINST 5210.11**

15. How many major groups are SSICs divided into? (Page 2-4)

**13**

16. What is the process of determining the correct subject group or name-title codes under which correspondence should be filed and any subordinate subjects that should be cross-referenced? (Page 2-5)

**Classifying**

17. What series provides guidance for the maintenance, use, and disposition of records? (Page 2-5)

**SECNAVINST 5210.8**

18. How many elements is the IMR composed of? (Page 2-6)

**Six**

19. What is used to review and correct any IMR deficiencies? (Page 2-6)

**PHA**

20. On what basis does the PHA provide the opportunity to assess changes in a member's health that could potentially impact the ability to perform military duties and deploy worldwide? (Page 2-6)

**Annually**

21. The Fleet and Force Dental Officers ensure that the Fleet is dental ready. A service member is considered worldwide deployable who is in what class? (Page 2-6)

**Class 1 or 2**

22. What class identifies any oral condition that will result in an emergency condition within the next 12 months? (Page 2-6)

**Class 3**

23. What consists of a headquarters, a Marine Logistics Group (MLG), and Marine divisions, brigades, and aircraft wings? (Page 2-6)

**FMF**

24. What provides direct support to company and platoon corpsman as well as advanced trauma life support under fire? (Page 2-6)

**Battalion Aid Station (BAS)**

25. An infantry battalion BAS is normally comprised of two medical officers and depending on the size of the battalion, up to how many HMs? (Page 2-6)

**65**

26. In general, Medical Department personnel serving with FMF may be divided into how many groups? (Page 2-7)

**Two**

27. What is a composite grouping of functional units that provide combat service support beyond the organic capability of all elements of the FMF? (Page 2-7)

**MLG**

28. What provide medical support during intense combat operations as well as lengthy low-intensity scenarios? (Page 2-7)

**Fleet hospitals**

29. Fleet hospitals are designed to be used in operations greater than how many days? (Page 2-7)

**60**

30. What does the mission of a fleet hospital depend on? (Page 2-8)

**COCOM requirements**

31. How many NMCBs are home ported in Gulfport, MS and Port Hueneme, CA? (Page 2-8)

**Eight**

**Chapter 3**

1. What vehicle ensures continuum of care throughout the beneficiary's life? (Page 3-1)

**Medical record**

2. What was developed to improve the distribution and control of military healthcare services including the projection and allocation of costs for healthcare programs as well as to minimize fraudulent healthcare claims? (Page 3-2)

**DEERS**

3. What series provides guidance as to who and under what circumstances members can receive medical and dental care at Navy Medical Department facilities as well as the extent and conditions under which such care may be provided and the collection process to pay for that care? (Page 3-2)

**NAVMEDCOMINST 6320.3**

4. Family member enrollment is accomplished for all seven uniformed services by completing what Uniformed Services Identification and Privilege Card application? (Page 3-2)

**DD 1172**

5. When the database shows a patient as ineligible because of ID card expiration, care may be rendered as long as the patient has a new ID card issued within the previous how many days? (Page 3-3)

**120**

6. Newborns under how many days old will not be denied care? (Page 3-3)

**60**

7. What medical benefits program was established to manage military MTF care services? (Page 3-4)

**TRICARE**

8. Active duty members and reservists are eligible for all dental services if they are recalled to active duty for a period of how many or more days? (Page 3-4)

**30**

9. What series lists the required elements for process improvement (quality assurance) programs of naval hospitals, medical clinics, and dental clinics? (Page 3-5)

**BUMEDINST 6010.13**

10. The primary goal of the Patient Relations Program is to help resolve patient complaints and problems through patient intervention and negotiations in accordance with what series? (Page 3-6)

**BUMEDINST 6300.10**

11. What program identifies and monitors spouse or child abuse/neglect (whether physical or psychological) and sexual abuse in military families? (Page 3-8)

**Family Advocacy Program (FAP)**

12. Who is the command's primary advisor for all alcohol and drug matters? (Page 3-8)

**Drug and Alcohol Program Advisor (DAPA)**

13. What series outlines the responsibilities of the DAPA? (Page 3-8)

**OPNAVINST 5350.4**

14. How often is physical readiness testing currently required for all personnel? (Page 3-9)

**Semi-annually**

15. In the medical setting, what refers to a patient's expressed or implied agreement to submit to an examination or treatment? (Page 3-9)

**Consent**

16. What requires that the healthcare provider give the patient all the information necessary for a knowledgeable decision? (Page 3-9)

**Informed Consent**

17. What term refers to the ability to understand the nature and consequences of one's decisions? (Page 3-10)

**Competency**

18. What reports are designed to promptly document all circumstances surrounding an event, to alert the commanding officer, Command Risk Manager, and other involved administrators and clinicians of a potential liability situation? (Page 3-11)

**Quality Care Review (QCR)**

19. Two federal statutes combine to establish the criteria for collecting, maintaining, and releasing medical treatment records. These two statutes include the Privacy Act and what else? (Page 3-11)

**Freedom of Information Act (FOIA)**

20. What governs the disclosure of documents maintained by government agencies? (Page 3-11)

**FOIA**

21. A written request for Department of the Navy (DoN) records that refer to FOIA must be responded to IAW the provisions of the Act. How many working days does the official having responsibility for the records have to respond to the requester? (Page 3-11)

**20**

22. What establishes safeguards concerning the right to privacy by regulating the collection, maintenance, use, and dissemination of personal information by federal agencies? (Page 3-12)

**Privacy Act**

23. In what year was the Health Information Portability and Accountability Act (HIPAA) enacted into law? (Page 3-12)

**1996**

24. What is individually identifiable health information, including demographics, in paper, electronic, or oral form? (Page 3-12)

**PHI**

25. The compliance date for the HIPAA Privacy rule was April 14, 2003 and is guided by what series? (Page 3-12)

**DODINST 6025.18**

26. What was designed to provide protection for individually identifiable health information that is maintained, transmitted, or received in electronic form—not just the information in standard transactions? (Page 3-13)

**HIPAA Security Rule**

27. What act enacted in 1956 (*18 U.S.C. § 1385*) makes it unlawful for the U.S. military to be used to enforce or assist in the enforcement of federal or state civil laws? (Page 3-13)

**Posse Comitatus Act**

28. How many categories of eligible beneficiaries do prisoner patients fall into? (Page 3-15)

**Three**

29. What is the only type of care authorized to non-military federal prisoners? (Page 3-15)

**Emergency**

30. What policy protects to the maximum extent possible the rights of U.S. personnel who may be subject to criminal trial by foreign courts and imprisonment in foreign prisons? (Page 3-15)

**Status of Forces**

31. OPNAVINST 1752.1 along with what else provide guidance for the care and support of alleged victims of sexual assault? (Page 3-16)

**SECNAVINST 5800.11**

**Chapter 4**

1. What U.S. Navy Medical Outpatient and Dental Treatment Record do Navy and Marine Corps personnel as well as DoD eligible beneficiaries utilize as their official record jacket for the chronological documentation of medical and dental evaluations, care, treatments and occupational health? (Page 4-1)

**NAVMED 6150/21-30**

2. What medical records are used for the documentation of outpatient medical and dental care? (Page 4-1)

**Primary**

3. What is a file of continuous care given to active duty members that documents all outpatient care provided during their career? (Page 4-1)

**HREC**

4. What contains all the dental care documentation provided during a member's career? (Page 4-2)

**DREC**

5. What file of continuous care documents the ambulatory treatment received by a person other than an active duty person, i.e. retiree and family members? (Page 4-2)

**OREC**

6. What medical file documents the care provided to a patient assigned to a designated inpatient bed at an MTF or ship? (Page 4-2)

**IREC**

7. Opening a secondary medical record requires the healthcare provider to write a note on what form in the primary treatment record? (Page 4-2)

**DD Form 2766**

8. What record contains the excerpts from a patient's primary record which is kept within the MTF by a treating clinic, service, department, or individual provider for increased access to the information? (Page 4-2)

**Convenience**

9. What records consist of original healthcare documentation withheld from a patient's primary HREC or OREC? (Page 4-3)

**Ancillary**

10. What system does the Navy Medical Department use to file health records? (Page 4-12)

**Terminal Digit Filing System (TDFS)**

11. Approximately how many equal sections are the central files divided into under the Terminal Digit Filing System? (Page 4-12)

**100**

12. Also known as the pink card, what charge out Form Health Record Receipt will be used for the charge out control of medical records? (Page 4-13)

**NAVMED 6150/7**

13. Records charged out from the file should be returned within how many working days or as soon as possible after the patient's visit? (Page 4-13)

**5**

14. What may be used in conjunction with the charge out form when open-shelf filing is used for records? (Page 4-13)

**Charge out guide**

15. How often are all records verified by medical and dental personnel having custody of them? (Page 4-16)

**Annually**

16. What form will the HM make an entry for medical records as well as blacking-out the corresponding year block on the front leaf of the jacket with a black felt-tip pen upon completion of an annual medical record verification? (Page 4-16)

**SF 600**

17. Upon final discharge or death the completed and verified health and dental records must be sent to the command maintaining the member's service record (no later than how many days following separation) for inclusion in and transmittal with the member's service record? (Page 4-17)

**One day**

18. How long should loose forms be retained after reasonable search efforts do not locate the record? (Page 4-20)

**1 year**

19. What form aids healthcare providers by allowing them quick access to pertinent medical factors that may affect how they manage a patient's medical care? (Page 4-20)

**DD Form 2766**

20. How many pages is the DD Form 2766 divided into? (Page 4-20)

**4**

21. What form provides a continuous comprehensive record of a patient's medical history? (Page 4-24)

**SF 600**

22. What form is routinely used for inpatient admission notes and is filed in the patient's IREC? (Page 4-25)

**SF 509**

23. When a member of the naval service incurs an injury that might result in permanent disability or results in a physical inability to perform duty for a period exceeding how many hours, an entry will be made concerning line-of-duty misconduct? (Page 4-27)

**24**

24. In what series is the specific protocol for recording anthrax immunizations outlined in? (Page 4-27)

**SECNAVINST 6230.4**

25. Refer to BUMEDINST 6224.8 series Tuberculosis Control Program for guidance when recording positive results (of how many mm or more induration) of the tuberculin skin test (TST)? (Page 4-27)

**10**

26. What form should any immunizations recorded on the PHS-731 be transcribed onto? (Page 4-28)

**DD Form 2766**

27. According to international rules, entries on the PHS-731 require authentication for immunizations against smallpox (if administered), yellow fever, cholera, and what else? (Page 4-28)

**Anthrax**

28. What form is initiated when military personnel are first exposed to ionizing radiation (with the exception of patients incurring such radiation while undergoing diagnostic treatment)? (Page 4-28)

**DD FORM 1141**

29. What form is used to summarize clinical data relative to treatment received during periods of hospitalization? (Page 4-29)

**SF 502**

30. The SF 539 may be used as a substitute for the narrative summary for those admissions of a minor nature that require less than how many hours of hospitalization? (Page 4-29)

**48**

31. What form is used for outpatients who need to be referred to other healthcare providers or specialists, such as gynecologists, internists, optometrists, etc...? (page 4-29)

**SF 513**

32. What form is used to order corrective prescription eyewear? (Page 4-30)

**DD form 771**

33. Who is the official responsible for the administration and supervision of the execution of the SECNAVINST 5211.5 series, Department of the Navy Privacy Act Program (PAP), as it pertains to the Health Care Treatment Record System? (Page 4-36)

**Surgeon General of the Navy**

## Chapter 5

1. In what year did the United States Navy establish the Naval Medical Supply Depot in Brooklyn, New York? (Page 5-1)

**1850**

2. What encompasses the acquisition, accounting, sustainment, and disposition of assets within the Department of the Navy? (Page 5-1)

**Logistics**

3. Who established a standard organizational structure for Medical Logistics Departments at all Naval Medical and Dental activities with logistics responsibilities? (Page 5-1)

**Chief, BUMED**

4. What agency via the Federal Supply System, maintains centralized inventory management and physical distribution of depot and vendor medical/dental materiel to Naval MTFs/DTFs worldwide? (Page 5-2)

**Defense Logistics Agency (DLA)**

5. How many volumes does the NAVSUP manual consist of? (Page 5-3)

**Three**

6. What establishes policies for operating and managing supply departments and activities? (Page 5-3)

**NAVSUP P-485**

7. What was published as a handy reference for personnel responsible for originating and processing MILSTRIP/MILSTRAP documents? (Page 5-3)

**NAVSUP P-409**

8. What publication reiterates Department of the Navy policy and provides equipment management procedures to include budgeting, funding, acquisition, use, maintenance, repair, redistribution, and disposal of equipment? (Page 5-3)

**NAVMED P-5132**

9. What is the act of obtaining materials or services referred to as? (Page 5-3)

**Procurement**

10. What term refers to the dollar limitation and acquisition methods the command and purchasing agents are restricted to when placing government orders? (Page 5-3)

**Contracting Authority**

11. What is the process in which an unauthorized commitment is reviewed by designated personnel? (Page 5-4)

**Ratification**

12. What is the time it takes for the Purchasing Agent to place an order against a requisition referred to as? (Page 5-4)

**Procurement Administrative Lead Time (PALT)**

13. What is a two digit number used by the customer to determine the urgency of the requisitioned item? (Page 5-4)

**Priority Designator**

14. A micro-purchase is an acquisition of authorized supplies or services that do not exceed the current competitive threshold of what amount? (Page 5-4)

**\$3000**

15. A Non-Procurement Official is a non-purchasing official who may place orders utilizing the Government-wide Commercial Purchase Card for orders less than \$3000 and no more than a cumulative total of what amount per year? (Page 5-4)

**\$20,000**

16. What is a source for the purchase of non-medical administrative materiel, including cleaning gear? (Page 5-4)

**SERVMART**

17. What is the primary regulation used by all Federal Executive agencies in their acquisition of supplies and services with appropriated funds? (Page 5-4)

**Federal Acquisition Regulation (FAR)**

18. What is a document providing guidance to the FAR and DFARS for Navy contracting personnel in acquiring goods and/or services? (Page 5-4)

**NAPS**

19. Requisitions exceeding the current competitive threshold of what amount must receive quotes from a minimum of three vendors, unless a valid sole source justification is provided? (Page 5-4)

**\$3000**

20. What is the collection of multiple award contracts used by Federal agencies, U.S. territories, Indian tribes and other specified entities to purchase supplies and services from outside vendors? (Page 5-4)

**Federal Supply Schedule (FSS)**

21. Standard Stock is material under the control of an inventory manager and identified by a what? (Page 5-5)

**National Item Identification Number (NIIN)**

22. What is the annual budget of an activity assigned by the Chief of Naval Operations (CNO), Fiscal Management Division, to major claimants called? (Page 5-5)

**Operating budget**

23. Over how many items does the Department of Defense Supply System contain? (Page 5-5)

**4 million**

24. What system is designed to permit the classification of all items of supply used by the federal government? (Page 5-5)

**Federal Supply Classification (FSC)**

25. Every item in the FSC is identified by a stock number consisting of how many digits referred to as National Stock Number (NSN)? (Page 5-6)

**13**

26. The National Item Identification Number is a number consisting of how many digits that identifies each item of supply used by the Department of Defense? (Page 5-6)

**Nine**



27. What is each request for an item by a customer counted as? (Page 5-6)

**Demand**

28. Supply levels are expressed in one of two ways: numerical terms and what else? (Page 5-7)

**Months of usage**

29. How many measurements are used in expressing the supply level of any stock item? (Page 5-7)

**Four**

30. What is the current approved shipboard computer program used to track all aspects of medical supply? (Page 5-8)

**SAMS**

31. How many days is OST usually set for items ordered under a routine priority through a federal supply depot? (Page 5-8)

**30**

32. What inventory items are essential to preserve life (medications), highly pilferable (hemostats, etc.), and/or have a high acquisition or replacement cost (CAT scan, X-Ray equipment)? (Page 5-8)

**BUMED-controlled**

33. What form is used to order standard stock items that have a National Stock Number (NSN)? (Page 5-9)

**DD Form 1348**

34. What form is used to requisition materiel that cannot be identified by an NSN? (Page 5-9)

**DD Form 1348-6**

35. What form is used as a requisition document and shipping document? (Page 5-9)

**DD Form 1149**

36. What form is an official purchase order document and is required whenever an open market order is placed with a vendor? (Page 5-10)

**DD Form 1155**

37. What program was the most successful initiative to streamline medical/dental logistics? (Page 5-12)

**Prime Vendor Program**

38. How often are unannounced inventories conducted on controlled substances by members of the Controlled Substances Inventory Board? (Page 5-13)

**Monthly**

39. A bulkhead-to-bulkhead inventory is conducted annually and is conducted when a random sampling of that storeroom fails to meet the inventory accuracy rate of what percent, or upon custodian turn-over? (Page 5-13)

**90%**

40. During spot check inventories the location accuracy should also be verified. The goal is to have what percent of the actual stock locations match the recorded location in the inventory management system? (Page 5-14)

**98%**

41. What series governs the release of war reserve material assets in support of operational requirements? (Page 5-14)

**OPNAVINST 4080.1**

42. At least how many inches below sprinkler heads in storerooms must boxes be stored? (Page 5-14)

**18**

43. Routine shipments received by the activity should have at least how many months of shelf life left at the time they are received? (Page 5-17)

**6**

44. What form is the method by which activities report shipping type (issue) discrepancies and packaging discrepancies on the part of the shipper? (Page 5-18)

**SF 364**

45. The Naval Ships Technical Manual (NSTM) and what else outline the requirements for shipboard stowage of dangerous materials and lists the materials under each classification? (Page 5-20)

**Hazardous Materials Information System (HMIS)**

46. What includes all types of compressed gases and materials that present a fire hazard or are otherwise dangerous? (Page 5-20)

**Hazardous material**

47. What establishes regulations regarding the rights of employees to know the potential dangers associated with hazardous chemicals in the workplace? (Page 5-20)

**Occupational Safety & Health Administration (OSHA)**

48. What provide information on the hazards of potentially harmful material and precautions for using such material safely? (Page 5-20)

**MSDSs**

49. What is located at the Defense Supply Center, Richmond that maintains a database of Material Safety Data Sheets? (Page 5-20)

**HTIS**

50. Corrosive Storage can be a special, separate room, or more commonly, a lockable storage container used to store what? (Page 5-22)

**Acids**

51. What products include dental plaster and stone which are considered hazards because of the dust particles circulated? (Page 5-22)

**Gypsum Products**

52. What is a centrally-managed automated system for use by logistics personnel to procure, maintain, and dispose of consumables and equipment? (Page 5-23)

**Defense Medical Logistics Standard Support (DMLSS)**

53. How many categories of Property, Plant, and Equipment (PP&E) that have been defined in SECNAVINST 7320.10 series, Department of the Navy (DoN) Personal Property Policies and Procedures, for accounting and reporting purposes are there? (Page 5-23)

**Three**

54. Sub-Minor Personal Property is any asset that has an acquisition cost of what amount or less? (Page 5-24)

**\$5,000**

55. What will direct the Equipment Manager to request departments to submit minor equipment requirements for the up-coming fiscal year? (Page 5-25)

**EPRC**

56. What appropriation is the source of funding for expense items such as minor equipment? (Page 5-25)

**Operation and Maintenance (O&M)**

57. O&M funding is used when the cost of equipment falls below the investment equipment threshold which is currently what amount? (Page 5-25)

**\$250,000**

58. The SMDA of what year established a mandatory requirement for treatment facilities to report all incidents that reasonably suggest there is a probability that a medical/dental device has caused or contributed to the death, serious injury, or serious illness of a patient? (Page 5-26)

**1990**

59. What is responsible for performing or coordinating, and recording preventive maintenance on all medical and dental equipment? (Page 5-27)

**BIOMED**

60. What is the procedure used when Navy property or Defense Logistics Agency material is lost, damaged, or destroyed and must be completed in a timely manner? (Page 5-28)

**Property survey**

61. NAVMEDLOGCOM is responsible for developing, publishing, maintaining, and coordinating a comprehensive review of all AMALs on at least what basis? (Page 5-29)

**Annual**

62. What is the basic source document used to sustain supply block management? (Page 5-29)

**AMAL**

**Chapter 6**

1. How many sciences is the study of the body divided into? (Page 6-1)

**Two**

2. What is the study of body structures and the relation of one part to another? (Page 6-1)

**Anatomy**

3. What is the study of how the body works and how the various parts function individually and in relation to each other? (Page 6-1)

**Physiology**

4. What imaginary plane divides the body into right and left halves on its vertical axis? (Page 6-1)

**Sagittal**

5. What planes are drawn perpendicular to the sagittal lines and divide the body into anterior (front) and posterior (rear) sections? (Page 6-1)

**Frontal**

6. What plane which is drawn at right angles to both sagittal and frontal planes, divides the body into superior (upper) and inferior (lower) sections? (Page 6-1)

**Transverse**

7. To aid in understanding the location of anatomical structures, a standard body position called what is used as the point of reference? (Page 6-2)

**Anatomical position**

8. What process involves the physical and chemical breakdown of food into its simplest forms? (Page 6-3)

**Digestion**

9. What is the process of absorption, storage, and use of foods for body growth, maintenance, and repair? (Page 6-3)

**Metabolism**

10. What is the body's self-regulated control of its internal environment called? (Page 6-3)

**Homeostasis**

11. What is the beginning level of the organization of the body? (Page 6-3)

**Chemical level**

12. What consist of chemical structures organized within larger units (cells) to perform a specific function? (Page 6-3)

**Organelles**

13. What consist of the smallest and most numerous structural unit that possess and exhibits the basic characteristics of living matter? (Page 6-3)

**Cells**

14. What are a group of many similar cells that all develop together from the same part of an embryo and all perform a certain function? (Page 6-3)

**Tissues**

15. What is defined as a structure made up of several different kinds of tissues arranged so that, together, they can perform a special function? (Page 6-3)

**Organ**

16. What are the most complex of the organizational units of the body? (Page 6-3)

**Systems**

17. How many major systems make up the human body? (Page 6-3)

**11**

18. What are a collection of interactive parts that are capable of surviving in hostile environments, with the ability to reproduce and repair damaged parts? (Page 6-4)

**Organisms**

19. What is the smallest and most numerous structural unit that possesses and exhibits the basic characteristics of living matter? (Page 6-4)

**Cell**

20. A typical cell is made up of the plasma membrane, the nucleus, and what else? (Page 6-4)

**Cytoplasm**

21. What is a small, dense, usually spherical body that controls the chemical reactions occurring in the cell? (Page 6-4)

**Nucleus**

22. How many chromosomes does every human cell contain? (Page 6-4)

**46**

23. Tissues are classified into four main groups: epithelial, connective, muscular, and what else? (Page 6-6)

**Nervous**

24. What is the lining tissue of the body called? (Page 6-6)

**Epithelium**

25. What tissue is composed of a single layer of cells whose nuclei are located at the same level as the nuclei in their neighboring cells? (Page 6-7)

**Columnar**

26. In the digestive system, the chief function of columnar tissue is the secretion of digestive fluids and the absorption of nutrients from digested foods. In certain areas (such as the nostrils, bronchial tubes, and trachea), this tissue has a crown of microscopic hair like processes known as what? (Page 6-7)

**Cilia**

27. What tissue is composed of thin plate-like or scale-like cells forming a mosaic pattern? (Page 6-7)

**Squamous epithelial**

28. What tissue is the main protective tissue of the body? (Page 6-7)

**Squamous**

29. In the kidneys, what tissue functions in the secretion and absorption of fluids? (Page 6-7)

**Cuboidal**

30. What tissue is highly vascular, surrounds other cells, encases internal organs, sheathes muscles, wraps bones, encloses joints, and provides the supporting framework of the body? (Page 6-7)

**Connective**

31. What tissue consists of a meshwork of thin fibers that interlace in all directions, giving the tissue both elasticity and tensile strength? (Page 6-8)

**Areolar**

32. What tissue is known as "fatty tissue"? (Page 6-8)

**Adipose**

33. What type of tissue, known as "bone tissue" is dense fibrous connective tissue that forms tendons, ligaments, cartilage, and bones? (Page 6-8)

**Osseous Connective**

34. What tissue provides for all body movement? (Page 6-8)

**Muscular**

35. The three types of muscle tissue are skeletal, smooth, and what else? (Page 6-8)

**Cardiac**

36. What is the most complex tissue in the body? (Page 6-10)

**Nerve**

37. What is the basic cell of nerve tissue? (Page 6-10)

**Neuron**

38. What is the outer skin layer called? (Page 6-11)

**Epidermis**

39. What is a wide area of connective tissue that contains blood vessels, nerve fibers, smooth muscles, and skin appendages? (Page 6-11)

**Dermis**

40. The skin contains two types of nerve fibers, motor and what else? (Page 6-11)

**Sensory**

41. What is the control mechanism to reduce the body's heat by evaporating water from its surface? (Page 6-12)

**Sweat glands**

42. What are modified sweat glands found only in the auditory canal? (Page 6-12)

**Ceruminous**

43. How many bones is the human skeleton composed of? (Page 6-14)

**206**

44. What is the study of the structure of bone? (Page 6-14)

**Osteology**

45. Bone is made up of inorganic mineral salts (calcium and phosphorus being the most prevalent) and what organic substance? (Page 6-14)

**Ossein**

46. What is the thin outer membrane surrounding the bone called? (Page 6-14)

**Periosteum**

47. Where does the pain come from when a bone fractures? (Page 6-15)

**Periosteum**

48. What is the elongated, cylindrical portion (or "shaft") of the bone that is between the epiphyses (sing. epiphysis) or ends of bone? (Page 6-15)

**Diaphysis**

49. How many bones does the skull consist of? (Page 6-16)

**28**

50. The human skeleton is divided into two main divisions, the axial skeleton and what other skeleton? (Page 6-16)

**Appendicular**

51. With the exception of the mandible and the bones of the inner ear, all skull bones are joined together firmly along seams. What are the seams where they join known as? (Page 6-16)

**Sutures**

52. How many major bones form the cranium? (Page 6-16)

**Eight**

53. What bones form the sides and part of the base of the skull in the area of the ear? (Page 6-16)

**Temporal**

54. What bone forms the back part of the skull and the base of the cranium? (Page 6-16)

**Occipital**

55. What bone is situated in front of the sphenoid bone in the front part of the cranium? (Page 6-17)

**Ethmoid**

56. What bone is posterior to the ethmoid bone providing for the front base of the cranium and forming the floor and sides of the orbits? (Page 6-17)

**Sphenoid**

57. How many stationary bones does the facial skeleton consist of? (Page 6-18)

**14**

58. What bones form the upper jaw, the anterior roof of the mouth, the floors of the orbits, and the sides and floor of the nasal cavity? (Page 6-18)

**Maxillary**

59. What are the small holes on each side of the nasal opening called? (Page 6-18)

**Infraorbital foramina**

60. What bones are responsible for the prominence of the cheeks? (Page 6-19)

**Zygomatic**

61. What bones provide a pathway for the tube that carries tears from the eye to the nasal cavity? (Page 6-19)

**Lacrimal**

62. What bone is connected to the ethmoid bone which together form the nasal septum? (Page 6-19)

**Vomer**

63. How many movable or true vertebrae does the vertebral column consists of along with the sacrum, and the coccyx or tail bone? (Page 6-20)

**24**

64. What protects the spinal cord and the nerves that branch out from it? (Page 6-20)

**Vertebrae**

65. The Sacrum along with what else are found at the bottom of the spinal column? (Page 6-20)

**Coccyx**

66. What is the hole directly behind the body of the vertebrae that forms the passage for the spinal cord called? (Page 6-20)

**Vertebral foramen**

67. How many regions is the spinal column divided into? (Page 6-20)

**Five**

68. How many cervical vertebrae are there in the neck? (Page 6-20)

**Seven**

69. How many vertebrae are there in the thoracic region? (Page 6-20)

**12**

70. How many lumbar vertebrae are there? (Page 6-21)

**Five**

71. The sacrum is the triangular bone immediately below the lumbar vertebrae. It is composed of five separate vertebrae that gradually fuse together between 18 and how many years of age? (Page 6-21)

**30**

72. What (which is commonly called the “collar bone”) lies nearly horizontally above the first rib and is shaped like a flat letter S? (Page 6-22)

**Clavicle**

73. What is the longest bone of the upper extremity which is often called the arm bone? (Page 6-24)

**Humerus**

74. How many carpal bones arranged in two rows that form the wrist are there? (Page 6-24)

**Eight**

75. What are the small bones of the fingers called? (Page 6-24)

**Phalanges**

76. What bone, commonly known as the hip, is a large, irregularly shaped bone composed of three parts: the ilium, ischium, and pubis? (Page 6-25)

**Innominate**

77. What forms the outer prominence of the hip bone? (Page 6-26)

**Ilium**

78. What is the area where the two pubic bones meet called? (Page 6-26)

**Symphysis pubis**

79. What is the longest bone in the body? (Page 6-26)

**Femur**

80. What is the small oval-shaped bone overlying the knee joint called? (Page 6-27)

**Patella**

81. What are bones that develop within a tendon known as? (Page 6-27)

**Sesamoid**

82. How many tarsal bones form the tarsus (ankle)? (Page 6-28)

**Seven**

83. How many metatarsal bones make up the metatarsus? (Page 6-28)

**Five**

84. What binds various parts of the skeletal system together and enables body parts to move in response to skeletal muscle contractions? (Page 6-29)

**Joint**

85. There are six classifications of freely movable joints: ball-in-socket, condyloid, gliding, hinge, pivot, and what else? (Page 6-30)

**Saddle**

86. What reach across the joints from one bone to another to keep bones stable? (Page 6-30)

**Ligaments**

87. What is the injury called when ligaments are torn? (Page 6-30)

**Sprain**

88. What is the injury called when bones are chipped or broken? (Page 6-30)

**Fracture**

89. Joint movements are generally divided into four types: gliding, angular, rotation, and what else? (Page 6-31)

**Circumduction**

90. How many bony parts does the TMJ consist of? (Page 6-33)

**Three**

91. What is the point of fixed attachment of a muscle to the bone called? (Page 6-33)

**Origin**

92. Muscles seldom act alone; they usually work in groups held together by sheets of a white fibrous tissue called what? (Page 6-33)

**Fascia**

93. What is a muscle that is relaxing while a prime mover is contracting called? (Page 6-34)

**Antagonist**

94. The chemical action of muscle fibers consists of contraction and what else? (Page 6-34)

**Recovery**

95. What is the continual state of partial contraction that gives the muscle firmness? (Page 6-34)

**Tonicity**

96. Rigor mortis occurs as early as how many minutes to several hours after death? (Page 6-34)

**10**

97. How many types of muscle tissue are there? (Page 6-35)

**Three**

98. What type of muscle tissue forms the bulk of the walls and septa (or partitions) of the heart, as well as the origins of the large blood vessels? (Page 6-35)

**Cardiac**

99. What is the process of chewing food in preparation for swallowing and digestion called? (Page 6-37)

**Mastication**

100. Which cheek muscle prevents food from escaping the chewing action of the teeth? (Page 6-38)

**Buccinator**

101. What is the area of the external lips where the red mucous membrane ends and normal outside skin of the face begins known as? (Page 6-38)

**Vermilion border**

102. What act as taste buds and provides the tongue with friction for handling food? (Page 6-39)

**Papillae**

103. How many sections is the palate divided into? (Page 6-40)

**Two**

104. How many pints of saliva per day do the salivary glands produce which greatly aid the digestion process? (Page 6-40)

**Two to three**

105. What is the process of swallowing food called? (Page 6-41)

**Deglutition**

106. What muscle when it becomes damaged results in a common condition known as a “stiff neck”? (Page 6-41)

**Sternocleidomastoid**

107. What is the large triangular muscle that forms the prominent chest muscle called? (Page 6-42)

**Pectoralis major**

108. What muscle raises the arm and has its origin in the clavicle and the spine of the scapula? (Page 6-42)

**Deltoid**

109. What is the prominent muscle on the anterior surface of the upper arm called? (Page 6-42)

**Biceps brachii**

110. What is the broad, flat muscle that covers approximately one-third of the back on each side? (Page 6-42)

**Latissimus dorsi**

111. Quadriceps area group of how many muscles that make up the anterior portion of the thigh? (Page 6-43)

**Four**

112. What adducts the thigh, and flexes and medially rotates the leg? (Page 6-43)

**Gracilis**

113. What is the longest muscle in the body called? (Page 6-43)

**Sartorius**

114. What is the primary muscle of respiration, modifying the size of the thorax and abdomen vertically? (Page 6-43)

**Diaphragm**

115. What is fluid tissue composed of formed elements (i.e. cells) suspended in plasma called? (Page 6-44)

**Blood**

116. How many liters of blood volume does the average adult have? (Page 6-44)

**5 to 6**

117. What percent of whole blood (plasma and cells) is constituted of plasma? (Page 6-44)

**55**

118. What thin layer is formed by WBCs and platelets when blood components are separated between the plasma and RBC layers? (Page 6-44)

**Buffy coat**

119. How many red cells per cubic millimeter does the blood of the average man contain? (Page 6-45)

**5 million**

120. What is the key to the red cell's ability to carry oxygen and carbon dioxide? (Page 6-45)

**Hemoglobin**

121. The combination of hemoglobin along with what else produce dark red (venous) blood? (Page 6-45)

**Carbon dioxide**

122. How many days do red blood cells typically live in the body? (Page 6-45)

**100-120**

123. What is the typical ratio of white cells to red cells in the body? (Page 6-45)

**1:600**

124. What protect the body against disease? (Page 6-46)

**Leukocytes**

125. About how many Thrombocytes are there on average per cubic millimeter of blood? (Page 6-46)

**250,000**

126. What is an inherited disease characterized by delayed clotting of the blood and consequent difficulty in controlling hemorrhage? (Page 6-46)

**Hemophilia**

127. What is the membranous sac that encloses the heart called? (Page 6-47)

**Pericardium**

128. How many interrelated pumps does the heart act as? (Page 6-47)

**Four**

129. What is the contraction of the heart called? (Page 6-47)

**Systole**

130. What is the relaxation of the heart called? (Page 6-47)

**Diastole**

131. What is commonly called the pacemaker of the heart because it stimulates and maintains heart contractions? (Page 6-49)

**Sinoatrial (SA) node**

132. About how many beats per minute is the normal heart rate? (Page 6-49)

**80**

133. What is the difference between systolic and diastolic pressure known as? (Page 6-50)

**Pulse pressure**

134. What form a closed circuit of tubes that transport blood between the heart and body cells? (Page 6-50)

**Blood vessels**

135. How many classifications do the blood vessels of the body fall into? (Page 6-50)

**Three**

136. What carry blood away from the heart to all parts of the body? (Page 6-50)

**Arteries**

137. Approximately how many miles of capillaries are there in the body? (Page 6-50)

**60,000**

138. As the blood passes through the capillaries, it releases oxygen and nutritive substances to the tissues and takes up various waste products to be carried away by what? (Page 6-50)

**Venules**

139. What system is comprised of vessels that collect blood from the capillaries and carry it back to the heart? (Page 6-51)

**Venous**

140. What is the largest artery in the body and is a large tube-like structure arising from the left ventricle of the heart? (Page 6-51)

**Aorta**

141. How many large arteries are there that arise from the aorta as it arches over the left lung? (Page 6-51)

**Three**

142. The pulmonary, portal, along with what else comprise the three principal venous systems in the body? (Page 6-53)

**Systemic**

143. What vein is most commonly used for venipuncture? (Page 6-54)

**Median cubital**

144. What are all the tissues of the body continuously bathed in? (Page 6-56)

**Interstitial fluid**

145. What is interstitial fluid called once it enters lymphatic capillaries? (Page 6-56)

**Lymph**

146. Lymph nodes are small bean-shaped bodies of lymphatic tissue found in what size groups along the course of the lymph vessels? (Page 6-60)

**2-15**

147. What proteins interfere with the ability of viruses to cause diseases? (Page 6-61)

**Interferon**

148. What is the memorization and production of antibodies called? (Page 6-61)

**Active immunity**



149. There are five major types of Glia cells, Astrocytes, Microglia, Ependymal cells, Oligodendrocytes, and what other cells? (Page 6-62)

**Scwhann**

150. What help to feed the brain and make up the Blood Brain Barrier? (Page 6-62)

**Astrocytes**

151. What enlarge, engulf, and destroy microorganisms and cellular debris? (Page 6-62)

**Microglia**

152. What produce the fatty myelin sheath around the nerve fibers in the CNS? (Page 6-62)

**Oligodendrocytes**

153. The structure and functional unit of the nervous system is the nerve cell, or neuron, which can be classified into how many types? (Page 6-63)

**Three**

154. What is a cordlike bundle of fibers held together with connective tissue? (Page 6-64)

**Nerve**

155. The brain has six major divisions, the medulla oblongata, pons, midbrain, diencephalon, cerebrum along with what else? (Page 6-65)

**Cerebellum**

156. What is the largest and most superiorly situated portion of the brain called? (Page 6-65)

**Cerebrum**

157. What part of the brain is chiefly concerned with bringing balance, harmony, and coordination to the motions initiated by the cerebrum? (Page 6-65)

**Cerebellum**

158. What is the inferior portion of the brain which is the last division before the beginning of the spinal cord? (Page 6-65)

**Medulla oblongata**

159. How many layers of membranes is the outer surface of the brain and spinal cord covered with? (Page 6-66)

**Three**

160. What forms cerebrospinal fluid? (Page 6-66)

**Plexus**

161. What is the total quantity of spinal fluid that bathes the spinal cord? (Page 6-66)

**75 ml**

162. The Peripheral Nervous System (PNS) includes 12 pairs of cranial nerves along with how many pairs of spinal nerves? (Page 6-68)

**31**

163. What nerve provides the sense of smell? (Page 6-71)

**Olfactory**

164. What nerve governs the sensation of the forehead, face and the clenching of the jaw? (Page 6-71)

**Trigeminal**

165. What nerves transmit sensation from the upper mouth and throat area? (Page 6-71)

**Glossopharyngeal**

166. What nerve governs the muscle activity of the tongue? (Page 6-71)

**Hypoglossal**

167. How many pairs of spinal nerves that originate from the spinal cord are there? (Page 6-72)

**31**

168. What system informs areas of the cerebral cortex of changes that are taking place within the body or in the external environment? (Page 6-73)

**Sensory**

169. The sensation of taste is limited to sour, sweet, bitter, savory, and what else? (Page 6-73)

**Salty**

170. What consists of structures that produce tears and drains them from the surface of the eyeball? (Page 6-73)

**Lacrimal apparatus**

171. What helps to give the cornea its curved shape? (Page 6-74)

**Aqueous humor**

172. The eyeball is composed of three layers; sclera, choroid, and what else? (Page 6-75)

**Retina**

173. What is a circular, pigmented muscular structure that gives color to the eye? (Page 6-75)

**Iris**

174. What is the opening in the iris called? (Page 6-75)

**Pupil**

175. What separates the eye into anterior and posterior cavities? (Page 6-75)

**Lens**

176. What is the area where the optic nerve enters the eyeball that contains no rods and cones called? (Page 6-76)

**Optic disc**

177. What is the process by which the lens increases or decreases its curvature to refract light rays into focus on the fovea centralis? (Page 6-76)

**Accommodation**

178. How many parts is the ear divided into? (Page 6-77)

**Three**

179. What collects sound waves from the environments that are conducted by the external auditory canal (about 3cm long) to the eardrum? (Page 6-77)

**Auricle**

180. What aids in protecting the eardrum against foreign bodies and microorganisms? (Page 6-77)

**Cerumen**

181. About how long is the eustachian tube that connects the middle ear with the nasopharynx? (Page 6-78)

**36**

182. What is the fluid called that the inner ear is filled with? (Page 6-78)

**Endolymph**

183. What are the chemical messengers called that the endocrine system sends messages through? (Page 6-80)

**Hormones**

184. What is a structure in the brain that synthesizes chemicals that are secreted to the pituitary gland to release hormones and to help regulate body temperature? (Page 6-81)

**Hypothalamus**

185. What is often called the master gland of the body as it influences many other endocrine glands? (Page 6-82)

**Pituitary**

186. What is the growth hormone that influences body growth and development? (Page 6-82)

**Somatotropin**

187. Antidiuretic hormone (ADH) along with what else are the two hormones that are stored by the posterior pituitary gland? (Page 6-83)

**Oxytocin**

188. When ADH is not produced in adequate amounts, the daily urine volume increases to 10 and 15 liters instead of the normal 1.5 liters. What is this condition known as? (Page 6-83)

**Diabetes insipidus**

189. What stimulates the contraction of uterus muscles particularly during the delivery of a baby? (Page 6-83)

**Oxytocin**

190. What is essential for the formation of thyroxin? (Page 6-83)

**Iodine**

191. What condition is caused by an insufficient secretion of thyroxin? (Page 6-83)

**Hypothyroidism**

192. What is a condition characterized by retarded mental and physical development? (Page 6-83)

**Cretinism**

193. What regulates the calcium and phosphorus content of the blood and bones? (Page 6-85)

**Parathormone (PTH)**

194. How many types of steroid hormones that are of vital importance do specialized cells in the outer layer of the adrenal cortex produce? (Page 6-85)

**Three**

195. What are the regulators of fluid and electrolyte balance? (Page 6-85)

**Mineralocorticoids**

196. What lowers blood sugar levels by increasing tissue utilization of glucose and stimulating the formation and storage of glycogen in the liver? (Page 6-86)

**Insulin**

197. What male hormone do testes produce and secrete that influence the development and maintenance of the male accessory sex organs and the secondary sex characteristics? (Page 6-87)

**Testosterone**

198. What influences the development and maintenance of the female accessory sex organs and the secondary sex characteristics, and promotes changes in the mucous lining of the uterus (endometrium) during the menstrual cycle? (Page 6-87)

**Estrogen**

199. What hormone do early pregnancy tests detect? (Page 6-88)

**HCG**

200. What is the exchange of oxygen and carbon dioxide between the atmosphere and the cells of the body called? (Page 6-88)

**Respiration**

201. What serves both the respiratory and digestive systems and aids in speech? (Page 6-90)

**Pharynx**

202. What is a lid-like, leaf-shaped cartilaginous structure that covers the entrance to the larynx and separates it from the pharynx? (Page 6-90)

**Epiglottis**

203. What is responsible for the production of vocal sound (voice)? (Page 6-91)

**Larynx**

204. What are the thin, microscopic air sacs within the lungs called? (Page 6-92)

**Alveoli**

205. What are the airtight membranes that cover the outer surface of the lungs and line the chest wall called? (Page 6-94)

**Pleurae**

206. What are the tissue and organs of the thoracic cavity called that form a septum between the lungs? (Page 6-94)

**Mediastinum**

207. What is the primary muscle of respiration called? (Page 6-95)

**Diaphragm**

208. What is the nerve that controls the diaphragm called? (Page 6-95)

**Phrenic nerve**

209. About how much air do the lungs hold when they are filled to capacity? (Page 6-95)

**6,200 ml**

210. Mechanical digestion occurs when food is chewed, swallowed, and propelled by a wave-like motion called what? (Page 6-96)

**Peristalsis**

211. How long is the alimentary canal (tract)? (Page 6-97)

**9 meters**

212. What is the passageway between the mouth and the esophagus called? (Page 6-99)

**Pharynx**

213. What is the cartilaginous flap that closes the opening to the larynx when food is being swallowed down the pharynx? (Page 6-99)

**Epiglottis**

214. About how long is the esophagus? (Page 6-99)

**10 inches**

215. What acts as the initial storehouse for swallowed material and helps in the chemical breakdown of food substances? (Page 6-100)

**Stomach**

216. What activates pepsin from pepsinogen, kills bacteria that enter the stomach, inhibits the digestive action of amylase, and helps regulate the opening and closing of the pyloric sphincter? (Page 6-100)

**Hydrochloric acid**

217. What is a protein-splitting enzyme capable of beginning the digestion of nearly all types of dietary protein? (Page 6-100)

**Pepsin**

218. What covers the intestines and the organs by secreting a serous fluid preventing friction between adjacent organs? (Page 6-101)

**Peritoneum**

219. About how long is the small intestine? (Page 6-101)

**7 meters**

220. The small intestine is divided into three contiguous parts: the duodenum, jejunum, and what else? (Page 6-101)

**Ileum**

221. After ingestion, it takes 20 minutes to how long for the first portion of the food to pass through the small intestine to the beginning of the large intestine? (Page 6-102)

**2 hours**

222. How many liters of saliva per day do salivary glands produce which greatly aid in the digestion process? (Page 6-103)

**1.7**

223. What is the largest gland in the body? (Page 6-105)

**Liver**

224. What receives bile from the liver and then concentrates and stores it? (Page 6-105)

**Gallbladder**

225. What is the primary filtering system of the body? (Page 6-107)

**Urinary system**

226. What is the tube called that carries urine from the bladder to the outside of the body? (Page 6-107)

**Urethra**

227. What are the functional units of the kidneys called? (Page 6-109)

**Nephrons**

228. What is the artery that supplies blood to the kidneys called? (Page 6-109)

**Renal**

229. About how many nephrons are there in each kidney? (Page 6-109)

**1 million**

230. What is the process by which the peritubular capillary transports certain substances directly into the fluid of the renal tubule? (Page 6-110)

**Secretion**

231. The glomerulus filters an estimated 1,200 ml of blood through the kidneys each minute (or 2,500 gallons in 24 hours) and about how many gallons of glomerular filtrate in 24 hours? (Page 6-111)

**80**

232. How many bundles of smooth muscle fibers does the wall of the bladder consist of? (Page 6-112)

**Four**

233. What is the process by which urine is expelled from the bladder called? (Page 6-112)

**Micturition**

234. Up to how many ml of urine can the bladder hold? (Page 6-112)

**600**

235. About how many long is the female urethra? (Page 6-112)

**4 cm**

236. About how long is the male urethra? (Page 6-112)

**20 cm**

237. What part of the male and female reproductive systems are concerned with the process of reproducing offspring, and each organ is adapted to perform specialized tasks? (Page 6-113)

**Gonads**

238. How many or more cone shaped lobules is the interior of the testis divided into? (Page 6-114)

**200**

239. What is the process by which sperm cells are produced called? (Page 6-114)

**Spermatogenesis**

240. What secretes the glycogen hormone which helps sustain the lives of stored sperm cells and promotes their maturation? (Page 6-115)

**Epididymis**

241. What is the small tube that connects the epididymis and ejaculatory duct? (Page 6-115)

**Vas deferens**

242. What is the cutaneous pouch containing the testes and part of the spermatic cord? (Page 6-116)

**Scrotum**

243. What are the primary female reproductive organs? (Page 6-117)

**Ovaries**

244. Approximately how many primordial follicles are there at puberty? (Page 6-118)

**400,000**

245. What is the process by which the mature oocyte is released from the primordial follicle called? (Page 6-118)

**Ovulation**

246. How often are ovums typically released by ovaries? (Page 6-118)

**Every 56 days**

247. How many days in duration are menstrual cycles for most women? (Page 6-118)

**28**

248. What stimulates the enlargement of mammary glands and ducts, and increases fat deposits in female breasts during puberty? (Page 6-119)

**Progesterone**

249. What serve as the ducts for ovaries that provide a passageway to the uterus? (Page 6-119)

**Fallopian tubes**

250. What receives the embryo that results from the fertilization of an egg cell and to sustain its life during development? (Page 6-120)

**Uterus**

251. What is the lower one-third portion of the uterus that projects into the upper part of the vagina called? (Page 6-120)

**Cervix**

252. How many layers does the wall of the vagina consist of? (Page 6-120)

**Three**

253. What are many of the external accessory organs of the female reproductive system collectively referred to as? (Page 6-120)

**Vulva**

254. What is the area enclosed by the labia minora that includes those vaginal and urethral openings? (Page 6-121)

**Vestibule**

255. Around what age do females begin to experience the female reproductive cycle? (Page 6-122)

**11**

256. What is the rupture of a primordial follicle with the release of a mature ovum into the fallopian tubes called? (Page 6-122)

**Ovulation**

## Chapter 7

1. What phase are teeth in when they go through the three developmental periods called categories: growth, calcification, and eruption? (Page 7-1)

**Odontogenesis**

2. What process describes the tooth breaking through the gingival tissue? (Page 7-1)

**Emergence**

3. Tooth buds for the permanent teeth form between the 17<sup>th</sup>-week of fetal life through what age? (Page 7-1)

**5**

4. What process refers to the depositing of the matrix for the hard dental structures? (Page 7-2)

**Apposition**

5. What is the process by which organic tissue (the matrix formed during apposition) becomes hardened by a deposit of calcium or any mineral salts? (Page 7-2)

**Calcification**

6. About how many years does it take for permanent teeth to form from crown completion to the time the tooth emerges into the mouth? (Page 7-2)

**3**

7. What process do primary teeth go through when they prepare to fall out to make way for the eruption of permanent teeth? (Page 7-4)

**Exfoliation**

8. What is the study of anatomy that includes the minute structure, composition, and functions of tissues? (Page 7-4)

**Histology**

9. The root of a tooth is covered by cementum and embedded in a thin layer of compact bone that forms the tooth socket; what is this called? (Page 7-4)

**Alveolar bone**

10. What is the region called where roots separate when teeth have more than one root? (Page 7-4)

**Furcation**

11. A tooth is said to be multirooted if has how many or more roots? (Page 7-4)

**Four**

12. What is a slight indentation that encircles the tooth and marks the junction of the anatomical crown with the root? (Page 7-5)

**Cervix**

13. What is the calcified substance that covers the entire anatomic crown of the tooth and protects the dentin called? (Page 7-5)

**Enamel**

14. What is the hardest tissue in the human body? (Page 7-5)

**Enamel**

15. Approximately how many pounds per square inch of crushing pressure can enamel endure? (Page 7-6)

**100,000**

16. What constitutes the largest portion of the tooth? (Page 7-6)

**Dentin**

17. What is the bonelike tissue that covers the roots of the teeth in a thin layer? (Page 7-6)

**Cementum**

18. What is the soft tissue inside the tooth called that is developed from the connective tissue of the dental papilla? (Page 7-6)

**Dental pulp**

19. What are the tissues that surround and support the teeth collectively called? (Page 7-7)

**Periodontium**

20. What is that bony portion of the maxilla and mandible called where the teeth are embedded and tooth roots are supported? (Page 7-7)

**Alveolar process**

21. What is dense in nature, provides strength and protection, and acts as the attachment for skeletal muscles? (Page 7-7)

**Cortical plate**

22. What is a thin layer of compact bone which is a specialized continuation of the cortical plate that forms the tooth socket? (Page 7-8)

**Alveolar bone proper**

23. What is a thin, fibrous ligament that connects the tooth to the bony socket? (Page 7-8)

**Periodontal ligament**

24. What is comprised of the tissue that covers the hard palate and the gingival called? (Page 7-8)

**Masticatory mucosa**

25. What aids in the support of the teeth, and protects the alveolar process and periodontal ligament from bacterial invasion? (Page 7-9)

**Gingiva**

26. What is the mucous membrane on the tongue in the form of lingual papillae? (Page 7-10)

**Specialized mucosa**

27. What upper arch teeth referred to as? (Page 7-10)

**Maxillary**

28. The teeth in an arch are composed of 6 anteriors (cuspid to cuspid) as well as how many posterior? (Page 7-10)

**10**

29. A human receives two sets of teeth during a lifetime. The first set consists of 20 teeth referred to as deciduous or primary (baby teeth). How many teeth does the second (permanent) set usually consist of? (Page 7-11)

**32**

30. What are the teeth located in the front of the mouth, the incisors, and the cuspids called? (Page 7-11)

**Anterior**

31. What are the teeth located in the back of the mouth-the bicuspids and molars called? (Page 7-11)

**Posterior**

32. How many classes of teeth based on appearance and function or position is the human permanent dentition is divided into? (Page 7-12)

**Four**

33. What has a single cusp instead of an incisal edge and is designed for cutting and tearing? (Page 7-13)

**Cuspid**

34. What have two cusps used for cutting and tearing, and an occlusal surface that is wider to crush food? (Page 7-13)

**Bicuspid**

35. What has four or five cusps, is shorter and more blunt in shape than the other teeth, and provides a broad surface for grinding and chewing solid masses of food? (Page 7-13)

**Molar**

36. What method employs numbers with each tooth designated by a separate number from 1 to 32? (Page 7-13)

**Universal Numbering System**

37. What is the surface of a tooth that “faces” toward the lips or cheeks called? (Page 7-14)

**Facial**

38. What is the proximal surface closest to the midline or middle of the arch called? (Page 7-14)

**Mesial**

39. What is the proximal surface oriented away from the midline of the arch called? (Page 7-14)

**Distal**

40. What is the surface of an anterior or posterior tooth that faces toward the tongue called? (Page 7-14)

**Lingual**

41. What is the broad chewing surface found on posterior teeth (bicuspid and molar)? (Page 7-15)

**Occlusal**

42. Who was the dentist who developed a classification of normal and abnormal ways teeth meet into centric occlusion? (Page 7-18)

**Edward Angle**

43. What is the study of the form and shape of teeth? (Page 7-18)

**Tooth morphology**

44. In about what percent of maxillary first bicuspid is the root divided in the apical third? (Page 7-24)

**50**

45. What are the first molars also known as? (Page 7-26)

**6-year**

46. What are the second molars also known as? (Page 7-27)

**12-year**

47. What molars are called “wisdom teeth” because they erupt when the young adult is passing into adulthood? (Page 7-27)

**Third**

48. What is the first permanent tooth to erupt? (Page 7-28)

**Mandibular first molar**

49. What is a pointed or rounded elevation of enamel found on cuspid and on the chewing surfaces of bicuspid and molar? (Page 7-30)

**Cusp**

50. What is a convex mount of enamel localized to the cervical one-third of the crown? (Page 7-30)

**Cingulum**

51. What is the linear fault that sometimes occurs in a developmental groove by incomplete or imperfect joining of the lobes? (Page 7-30)

**Fissure**

52. What is a centrally located depression found on the occlusal surface of molars and mandibular second bicuspid? (Page 7-30)

**Central fossa**

53. What is a fissure between the cusps on the crown of the tooth called? (Page 7-31)

**Developmental Groove**

54. What are small, rounded projections of enamel from the incisal edges of newly erupted anterior teeth called? (Page 7-32)

**Mamelons**

55. What is an elongated valley or depression in the surface of a tooth formed by the inclines of adjacent cusps or ridges? (Page 7-34)

**Sulcus**

**Chapter 8**

1. What is the science that treats the nature, causes, and development of oral diseases? (Page 8-1)

**Oral pathology**

2. About how many ml of saliva on a daily basis do salivary glands secrete? (Page 8-1)

**1,500**

3. How many microorganisms per milliliter do microscopic counts in saliva show on average? (Page 8-1)

**750 million**

4. What can be defined as any pathological or traumatic disorder of tissue that creates a loss of function of the area affected? (Page 8-1)

**Oral lesions**

5. What is a localized collection of pus in a specific area of soft tissue or bone called? (Page 8-1)

**Abscess**

6. What is an enclosed pouch or sac containing fluid or semi-solid material called? (Page 8-1)

**Cyst**

7. What is a disruption of the superficial covering of the mucosa or skin caused by biting, denture irritation, toothbrush injury, viruses or other irritants? (Page 8-1)

**Ulcers**

8. What disease is caused by a microbial process that starts on the surface of the teeth and leads to the breaking down of the enamel, dentin, and cementum? (Page 8-2)

**Dental caries**

9. What is the process that destroys the hard surfaces of the tooth called? (Page 8-2)

**Decay**

10. What is the group of bacteria called along with other acid producing bacteria that are in the oral cavity that cause tooth decay? (Page 8-2)

**Streptococci**

11. What is the type of carious lesion called if the tooth surface has an area that has not progressed past the decalcification stage? (Page 8-3)

**Incipient**

12. What are the decay processes that occur underneath existing dental restorations called? (Page 8-3)

**Recurrent caries**

13. What term refers to pain in the dental pulp and commonly occurs after a restoration has been placed in a tooth? (Page 8-4)

**Pulpalgia**

14. What is an inflammation of the dental pulp caused by a bacterial infection resulting from dental caries or fractured teeth called? (Page 8-4)

**Pulpitis**

15. What results when the pulp has become inflamed and a small pus-like abscess forms in the pulpal canal? (Page 8-4)

**Periapical abscess**

16. What is the death of tissue called? (Page 8-4)

**Necrosis**

17. What is the most prevalent chronic disease of humankind? (Page 8-5)

**Periodontal disease**

18. What is an inflammation involving the gingival tissues called? (Page 8-5)

**Gingivitis**

19. What is the most common type of gingival disease? (Page 8-5)

**Marginal gingivitis**

20. What is an inflammation of the gingiva around a partially erupted tooth called? (Page 8-7)

**Pericoronitis**

21. What is the most common of all herpetic HSV-1 lesions? (Page 8-8)

**Herpes labialis**

22. About how many days do recurrent HSV-1 lesions take to resolve? (Page 8-8)

**7 to 10**

23. What is the main cause of AIDS? (Page 8-8)

**Human Immunodeficiency Virus (HIV)**



24. What is the loss of substance of a tooth from a wearing away process caused by teeth against teeth called? (Page 8-13)

**Attrition**

25. What results in the loss of tooth structure secondary to the action of external agents? (Page 8-13)

**Abrasion**

26. What is tooth substance loss from a chemical process that does not involve bacteria called? (Page 8-14)

**Erosion**

27. What are some types of lesions called because the factors producing this condition are unknown or may occur from a known acid source such as people who have bulimia, an eating disorder characterized by binge eating and self induced vomiting? (Page 8-14)

**Idiopathic erosion**

## Chapter 9

1. What is defined as the hygienic means of promoting health through prevention of human contact with the hazards of wastes? (Page 9-1)

**Sanitation**

2. What is any animal capable of transmitting pathogens or producing human or animal discomfort or injury called? (Page 9-1)

**Vector**

3. What are organisms (insects, rodents, snakes, etc.) that adversely affect military operations and the well-being of man and animal; attack real property, supplies, and equipment; or are otherwise undesirable? (Page 9-1)

**Pests**

4. What series addresses the requirements for food service training? (Page 9-2)

**SECNAVINST 4061.1**

5. What are vaccines used to protect Navy and Marine Corps personnel against certain diseases before exposure to infection called? (Page 9-2)

**Prophylactic immunizations**

6. What sets the minimum standards that immunizations procured for the Armed Forces are required to meet? (Page 9-2)

**Department of Health and Human Services (HHS)**

7. What are diseases that may be transmitted from a carrier to a susceptible host called? (Page 9-2)

**Communicable**

8. What series sets drinking water standards for both ashore and afloat U.S. Naval establishments worldwide? (Page 9-3)

**BUMEDINST 6240.1**

9. What is the spent water of a ship, base, industrial plant, or other activity called? (Page 9-4)

**Wastewater**

10. In 2008, infections accounted for an estimated 1.7 million infections and how many associated deaths in American hospitals alone, according to the Centers for Disease Control and Prevention (CDC)? (Page 9-4)

**99,000**

11. What is the state of being free of pathogenic organisms called? (Page 9-5)

**Asepsis**

12. What is the number of micro-organisms contaminating an object referred to as? (Page 9-5)

**Bioburden**

13. What is a diagnostic test of a prevacuum sterilizer's ability to remove air from the chamber and detect air leaks? (Page 9-5)

**Bowie-Dick Type Test**

14. What is the reproduction and growth of micro-organisms in living tissue cells or on a nutrient medium called? (Page 9-5)

**Culture**

15. What is an infection resulting from treatment in a hospital that is secondary to the patient's original condition called? (Page 9-6)

**Nosocomial Infection**

16. What is a process that destroys all types and forms of micro-organisms called? (Page 9-6)

**Sterilization**

17. What is the quantity of materials or supplies required to treat a single patient called? (Page 9-6)

**Unit Dose**

18. What is the study of micro-organisms called? (Page 9-7)

**Microbiology**

19. What are disease producing organisms said to be? (Page 9-7)

**Pathogenic**

20. What are micro-organisms that are much smaller than bacteria called? (Page 9-7)

**Viruses**

21. What are single-celled animals that do not have a rigid cell wall called? (Page 9-7)

**Protozoa**

22. What is one of the most important procedures in preventing the transfer of micro-organisms from one person to another? (Page 9-8)

**Hand washing**

23. What is an effective antiseptic for reducing transient and resident microbial hand flora, and has a sustained antimicrobial effect? (Page 9-9)

**Chlorhexidine gluconate**

24. What are water soluble complexes of iodine with organic compounds that are effective against all gram-positive and gram-negative bacteria and viruses? (Page 9-9)

**Iodophors**

25. Waterless hand washing agents contain 70 percent isopropyl alcohol and virtually disinfect the skin in how many seconds? (Page 9-9)

**20**

26. Washing increases the protective nature of gloves up to what percent? (Page 9-10)

**60**

27. What are the highest quality, most expensive, and best fitting gloves? (Page 9-10)

**Sterile Surgical**

28. What type of gloves offer the highest quality and best fit at a greatly reduced cost when sterile surgical gloves are not required? (Page 9-10)

**Procedural**

29. What type of gloves are the least expensive type of non-sterile gloves that are commonly used in routine procedures? (Page 9-10)

**Latex examination**

30. What is a stiff, thin, woven mask used for simple procedures for protection from splashing and aerosols? (Page 9-11)

**Cone Mask**

31. What is a lightweight, nose-and-mouth respirator that can provide some level of protection for the wearer from viruses and small particles? (Page 9-11)

**N95 Respirator**

32. What are the second tier of infection prevention precautions? (Page 9-12)

**Transmission-based**

33. What precautions are used for patients infected with microorganisms spread by coughing, sneezing, or talking such as influenza virus, adenovirus and rhinovirus? (Page 9-12)

**Droplet**

34. All active duty healthcare personnel will be tested for HIV every two years and tuberculosis testing and/or screening on what basis? (Page 9-13)

**Annual**

35. What describes those practices used to prevent the transfer of pathogenic organisms from person to person, place to place, or person to place? (Page 9-13)

**Medical asepsis**

36. For DTRs, at the beginning of the day flush each of the unit water lines and hoses for at least 1 minute, even if their use is not anticipated and flush for at least how many seconds between patients? (Page 9-15)

**30**

37. Potable water supplies may contain up to 100 bacterial colony forming units per millimeter (cfu/ml), and water in dental units, at times, can contain in excess of how many cfu/ml? (Page 9-15)

**1,000,000**

38. Up to what percent will three 10-second rinses with mouthwash temporarily reduce a patient's microbial count by? (Page 9-15)

**97**

39. What is a liquid or solid waste containing pathogens in sufficient numbers and of sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste? (Page 9-19)

**Infectious waste**

40. What should used disposable sharps, such as needles, scalpel blades, capsules, disposable syringes, used burs, and broken instruments be treated as? (Page 9-20)

**Regulated waste**

41. If the HM is in an area where infectious waste cannot be treated on-site, do not store without refrigeration for more than how many days? (Page 9-21)

**7**

42. Remove any blood or fluid spills with an absorbent material and disinfect the area with a solution of household bleach diluted to what amount with clear water or an EPA approved disinfectant? (Page 9-23)

**1:10**

43. What is the term that describes the sterilization, storage, and handling of articles to keep them free of pathogenic organisms? (Page 9-24)

**Surgical aseptic technique**

44. The use of what in the operating room is the LEAST DESIRABLE method of cleaning? (Page 9-24)

**Mops**

45. What reduces resident and transient skin flora (bacteria) to a minimum? (Page 9-26)

**Surgical hand scrub**

**Chapter 10**

1. What is the highest level of contamination control because it results in the total destruction of all forms of microbial life? (Page 10-1)

**Sterilization**

2. What kills disease causing micro-organisms but is a less lethal process than sterilization? (Page 10-1)

**Disinfection**

3. Disinfection is achieved by either chemical or what other means? (Page 10-1)

**Heat**

4. Glutaraldehydes of 2 to what percent are FDA-registered? (Page 10-4)

**3.2**

5. Chlorine dioxide has a rapid action of 3 minutes for disinfection or how long for sterilization? (Page 10-4)

**6 hours**

6. Within how many minutes of exposure is iodophors biocidal activity accomplished? (Page 10-4)

**10 to 25**

7. How often should HVE and saliva ejector tubing and cuspidor be flushed with a central evacuation system cleaner? (Page 10-6)

**Weekly**

8. Under what guidelines should anesthetic cartridges for nonsurgical use be dispensed to prevent contamination of bulk supplies? (Page 10-6)

**Unit dose**

9. At least what-level disinfection do all non-critical category items require? (Page 10-6)

**Intermediate**

10. What does the sterilization process take place in? (Page 10-7)

**CSR**

11. What process is safer and more effective than manual scrubbing? (Page 10-9)

**Ultrasonic**

12. The ultrasonic cleaner uses electrical energy to generate sound waves. When the sound waves travel through the liquid, millions of tiny bubbles form and burst continuously. What is this process called? (Page 10-9)

**Cavitation**

13. Ultrasonic cleaning time should be limited to how many minutes to avoid damage to instruments? (Page 10-9)

**5**

14. Heat sealed overwrapping will extend a 30 day shelf life to how many days? (Page 10-11)

**180**

15. What refers to the complete destruction of all living organisms, including bacterial spores and viruses? (Page 10-13)

**Sterilization**

16. What is the most dependable and economical method of sterilization? (Page 10-14)

**Steam under pressure (autoclave)**

17. What autoclave is the most modern and economical to operate and requires the least time to sterilize a single load? (Page 10-15)

**Prevacuum, high-temperature**

18. At what temperature are all known organisms killed? (Page 10-15)

**250°F**

19. All operating rooms are equipped with high-speed (flash) sterilizers. Wrapped, covered, opened instruments placed in perforated trays are "flash" sterilized for 3 minutes at what temperature? (Page 10-15)

**270°F**

20. What type of test was developed for prevacuum sterilizers to determine if the air has been removed from the chamber during the prevacuum stage? (Page 10-15)

**Bowie-Dick**

21. How often will all Navy prevacuum sterilizers be tested using the Bowie-Dick type test? (Page 10-15)

**Daily**

22. What is the least expensive form of heat sterilization? (Page 10-16)

**Dry heat**

23. How many minutes at 320-345°F plus the time required to preheat the chamber before beginning the sterilization cycle is a typical dry heat cycle? (Page 10-16)

**90**

24. Chemical Vapor Sterilization requires 20-40 minutes at 270°F with what psi when instruments are either unwrapped or bagged following the manufacturer's instructions? (Page 10-16)

**20**

25. Ethylene oxide (ETO) gas uses relatively low temperatures for sterilization. Using a heated unit, sterilization can be achieved in 4-12 hours at 120°F. However, a lengthy aeration time of at least how many hours must follow each cycle? (Page 10-18)

**16**

26. What is the only liquid chemical, if properly used, that is capable of rendering an item sterile? (Page 10-19)

**Glutaraldehyde**

27. To be considered sterile how many hours must items be totally submerged in a glutaraldehyde solution? (Page 10-19)

**10**

28. Effective and preferred methods of sterilization are the steam autoclave, dry heat oven, chemical vapor, or what else for surgical instruments? (Page 10-19)

**Ethylene oxide**

29. The three most commonly used sterilization monitors in the Navy are physical, chemical, and what other monitors? (Page 10-19)

**Biological**

30. What type of monitoring involves looking at the gauges and readings on the sterilizer and recording the temperatures, pressure, and exposure time? (Page 10-20)

**Physical**

31. What type of monitoring (internal and external) involves the use of a heat-sensitive chemical that changes color when exposed to certain conditions? (Page 10-20)

**Chemical**

32. What are chemical dyes that change color when exposed to steam, dry heat, or chemical vapor for a specified period of time? (Page 10-20)

**Internal indicators**

## Chapter 11

1. What is the most important part of the Navy Medicine's healthcare team? (Page 11-1)

**Patient**

2. What has developed the standards for addressing patient rights and responsibilities? (Page 11-1)

**Joint Commission (TJC)**

3. What refers to a system of moral principles or standards of conduct which govern the appropriate conduct for a person, group, or profession? (Page 11-3)

**Ethics**

4. What is defined as a group of socially learned, shared standards and behavior patterns? (Page 11-5)

**Culture**

5. What instruction does the Navy Medical Department provide specific guidelines in to ensure the professional conduct of a healthcare provider is not called into question? (Page 11-6)

**BUMEDINST 6320.83**

6. What is a highly complicated inter-personal process of people relating to each other through conversation, gestures, appearance, behavior, writing, and, at times, even silence? (Page 11-7)

**Communication**

7. How many basic parts does the communication process consists of? (Page 11-7)

**Four**

8. Ineffective communication occurs when obstacles or barriers interfere with the message, transmission, receipt and understanding of the message. These barriers are classified as physiological, physical, or what else? (Page 11-7)

**Psychosocial**

9. What type of communication barriers result from some kind of sensory dysfunction on the part of either the sender or the receiver? (Page 11-7)

**Physiological**

10. What communication barriers are usually the result of one's inaccurate perception of self or others? (Page 11-8)

**Psychosocial**

11. What type of communication is defined as the face-to-face process of interacting that focuses on advancing the physical and emotional well-being of a patient? (Page 11-9)

**Therapeutic**

12. What is defined as "the process that informs, motivates, and helps people adapt and maintain healthful practices and life styles" in the Navy Medical Department? (Page 11-10)

**Patient education**

13. What format does the Navy Medical Department use to standardize medical evaluation entries made in clinical records? (Page 11-12)

**SOAP note**

**Chapter 12**

1. What refers to any person who is receiving diagnostic, therapeutic, and/or supportive care for a condition that is not managed by surgical, orthopedic, psychiatric, or maternity-related therapy? (Page 12-1)

**Medical patient**

2. Surgical procedures are classified into what two major categories? (Page 12-3)

**Emergency and elective**

3. What type of surgery occurs when surgery is required immediately to save a life or maintain a necessary function? (Page 12-3)

**Emergency**

4. What type of surgery needs to be done but can be scheduled at a time beneficial to both the patient and the provider? (Page 12-3)

**Elective**

5. Regardless of the type of surgery, every surgical patient requires specialized care at each one of how many phases? (Page 12-3)

**Four**

6. What form identifies the operation or procedure to be performed; has a statement written for the patient indicating in lay terms a description of the procedure; and includes the signatures of the physician, patient, and a staff member who serves as a witness? (Page 12-4)

**SF 522**

7. What was one of the greatest contributions to medical science which relieved unnecessary pain and increased the potential and scope of many kinds of surgical procedures? (Page 12-5)

**Anesthesia**

8. What type of anesthetics reduce all painful sensations in a particular area of the body without causing unconsciousness? (Page 12-5)

**Regional**

9. What is administered topically (surface of the body part) to desensitize a small area of the body for a very short time period? (Page 12-5)

**Topical Anesthesia**

10. What method is frequently used when continuous anesthesia is desired for a prolonged period? (Page 12-6)

**Epidural**

11. What form of anesthesia blocks all impulses to and from the perineal area of the body? (Page 12-6)

**Saddle blocks**

12. What type of anesthetics cause total loss of sensation and complete loss of consciousness in the patient? (Page 12-6)

**General**

13. How many stages is the induction of inhalation anesthesia divided into? (Page 12-6)

**Four**

14. What medical branch treats patients with fractures, deformities, injuries, or diseases of some part of the musculoskeletal system? (Page 12-9)

**Orthopedic**

15. What is the most common and well-known form of long-term immobilization? (Page 12-10)

**Casting**

16. A short arm cast extends from the base of the metacarpal-phalangeal joints of the hand to how far below the antecubital space? (Page 12-10)

**One inch**

17. How many hours will a leg cast take to completely dry after it is applied? (Page 12-13)

**24 to 48**

18. Up to what percent of a patient's body weight can canes bear? (Page 12-13)

**25%**

19. What is the most commonly used type of cane? (Page 12-14)

**C-cane**

20. What type of cane is used for patients with hemiplegia? (Page 12-14)

**Quad**

21. What provides better stability than canes and has two points of contact with the body? (Page 12-16)

**Crutches**

22. What are typically indicated when patients require maximum stability and support from an ambulation device? (Page 12-20)

**Walkers**

23. What devices can help people with disabilities regain strength and mobility as well as to function more freely? (Page 12-22)

**Ambulatory**

24. A theory of death and dying has developed that provides highly meaningful knowledge and skills to all persons involved with the experience and it is suggested that most people (both patients and significant others) go through how many stages? (Page 12-23)

**Five**

25. How many major types of accidents that continually occur to patients have both The Joint Commission (TJC) and the National Safety Council of the American Hospital Association (AHA) identified? (Page 12-24)

**Four**

26. What disorders do healthcare workers often experience at a rate exceeding that of workers in construction, mining, and manufacturing per the Bureau of Labor Statistics? (Page 12-25)

**Musculoskeletal Disorders (MSDs)**

27. A common cause of burns particularly in the elderly, diabetics, and patients with circulatory impairments is the hot water bottle. When filling the bottle, the water temperature must never exceed how many degrees F? (Page 12-26)

**125**

28. Smoking is no longer permitted in Navy treatment facilities per what regulation? (Page 12-27)

**BUMEDINST 6200.12**

29. What is the disinfection and sterilization of patient supplies and equipment during hospitalization called? (Page 12-28)

**Concurrent cleaning**

30. What is the disinfection and sterilization of patient supplies and equipment after the patient is discharged from the unit or hospital called? (Page 12-28)

**Terminal cleaning**

**Chapter 13**

1. What is used to measure a healthy weight? (Page 13-2)

**Body Mass Index (BMI)**

2. Persons with a BMI greater than or equal to how many g/m<sup>2</sup> are considered obese? (Page 13-2)

**30**

3. Over what amount of the United States population is obese according to 2005-2006 data? (Page 13-2)

**One-third**

4. What is the primary tool used to combat obesity in the Navy? (Page 13-2)

**Physical Fitness Assessment**

5. What is the most important nutrient in the world? (Page 13-3)

**Water**

6. How many liters of water does a female need to consume daily according to the National Academy of Science? (Page 13-3)

**2.7**

7. What is the approximate upper tolerance level for water intake? (Page 13-4)

**8 liters**

8. Approximately what percent of the human body is water? (Page 13-4)

**60%**

9. Loss of body water, or dehydration, can be life threatening. As little as a 1% to a 2% loss can cause decreases in overall body performance and a loss of what percent can lead to heat injury or death? (Page 13-4)

**5% to 7%**

10. What has the main role of providing energy to cells? (Page 13-4)

**Carbohydrates**

11. How many calories per gram do all carbohydrates (excluding fiber) contain? (Page 13-4)

**4**

12. Carbohydrates are made by green plants through what process? (Page 13-4)

**Photosynthesis**

13. What are plant-based long chains glucose molecules called? (Page 13-4)

**Starches**

14. What is the storage form of glucose in animals and humans? (Page 13-4)

**Glycogen**

15. What is a non-digestible, non-essential, plant-based polysaccharide that plays a significant role in digestion and elimination? (Page 13-4)

**Fiber**

16. What is the general recommendation for fiber intake in grams for men? (Page 13-4)

**37**

17. What percent of a healthy person's diet should consist of carbohydrates? (Page 13-5)

**40-60**

18. What are commonly referred to as the "building blocks" of the body? (Page 13-5)

**Proteins**

19. How many calories per gram do proteins contain? (Page 13-5)

**4**

20. How many amino acids that make up all the proteins the body needs are there? (Page 13-5)

**20**

21. What are the main consumable sources of protein? (Page 13-5)

**Animals**

22. What is the main energy source of aerobic metabolism and sustained exercise and is reliant on glucose, or carbohydrates, to be metabolized? (Page 13-6)

**Fat**

23. Approximately how many calories does 1 tablespoon of fat contain? (Page 13-6)

**45**

24. What type of fats are used widely for frying foods? (Page 13-6)

**Polyunsaturated**

25. What is the general recommendation for fat intake consumption as a percent of one's total caloric intake? (Page 13-6)

**20-35**

26. What type of fatty acids are a naturally occurring polyunsaturated fat that have been linked to lessening the risk for heart disease and improving joint health? (Page 13-7)

**Omega-3**

27. What is the most common type of phospholipid which is made in the liver that allows fat to be digested in the body? (Page 13-7)

**Bile**

28. What are essential, non-calorie containing compounds found in food and needed in the body in small amounts? (Page 13-7)

**Vitamins**

29. A patient will typically not be put on a clear liquid diet for more than how many days? (Page 13-11)

**2-3**

30. What type of diet is typically indicated with patients who are edentulous or partially edentulous, recovering from a stroke, have failed a Modified Barium Swallow, or who may not be cognitively aware enough to chew? (Page 13-12)

**Pureed**

31. Calorie restrictions during a calorie restricted diet should still include foods from all five food groups and not be lower than how many calories? (Page 13-12)

**1200**

32. How many grams per day is a typical protein restriction? (Page 13-12)

**60**

33. What refers to anything that increases stool volume or frequency or that is not digested by the body that is not plant fiber? (Page 13-12)

**Residue**

34. Approximately how many grams per day is a typical fiber restriction? (Page 13-13)

**10-15**

35. A cholesterol restriction starts at 300 mg and can be as low as how many mg per day? (Page 13-13)

**200**

36. The American Heart Association (AHA) recommends most people limit their saturated fat to no more than what percent of their total fat intake? (Page 13-14)

**7%**

37. What type of nutrition is used in cases where patients are unable to meet their nutritional needs by mouth and the patient has a functioning gastrointestinal tract? (Page 13-14)

**Enteral**

38. What type of nutrition is most commonly used in cases where patients are unable to meet their nutritional needs by mouth and do not have a functioning gastrointestinal tract? (Page 13-15)

**Parenteral**

39. What type of nutrition is the most aggressive nutritional therapy used? (Page 13-15)

**Parenteral**

## Chapter 14

1. Essentially, there are four types of routine physical examinations which include the Entrance, Periodic Health Assessment (PHA), Reenlistment, and what other type? (Page 14-2)

**Separation**

2. What provides the specific instructions on how and when each type of physical is to be conducted? (Page 14-2)

**MANMED**

3. Where are entrance physical examinations normally performed? (Page 14-2)

**Military Entrance Processing Stations (MEPS)**

4. Entrance physical examination results are documented on the Report of Medical Examination (DD 2808) and Report of Medical History (using what form)? (Page 14-2)

**DD 2807-1**



5. IAW what series will the Periodic Health Assessment will be conducted annually? (Page 14-2)

**SECNAVINST 6120.3**

6. The results of the reenlistment physical examination are recorded on form DD 2807, Report of Medical History and what other form? (Page 14-2)

**DD 2808**

7. Separation examinations are required for personnel separating from the Navy, the Marine Corps, and Activated Reservists serving how many consecutive days or greater on active duty? (Page 14-3)

**31**

8. A thorough physical examination must be completed not less than how many days from the last day served on active duty? (Page 14-3)

**180**

9. What screenings prevent the arrival of service members and families at a duty station with special requirements beyond the capability of the local medical, dental, educational, or community facilities? (Page 14-4)

**Suitability**

10. What series has the Navy developed to minimize the risk associated with hazardous substances? (Page 14-4)

**OPNAVINST 5100.23**

11. What program provides physical examination and medical monitoring guidelines for personnel who are exposed to or work with/in hazardous materials or hazardous environments? (Page 14-4)

**Medical Surveillance Program**

12. What is the single most important factor in determining fitness for duty in today's Navy? (Page 14-4)

**Medical evaluation board**

13. What series provides a listing of "Medical Conditions and Physical Defects Which Normally are Cause for Referral to the Physical Evaluation Board"? (Page 14-5)

**SECNAVINST 1850.4**

14. The abbreviated board report is used only when a member is expected to return to full duty after an adequate period of treatment. Processing time should not exceed how many working days to report TLD? (Page 14-5)

**5**

15. What form is used to complete Routine, Special Duty, and Medical Evaluation Boards examinations? (Page 14-6)

**DD 2807-1**

16. What form is used to complete Separation examinations? (Page 14-12)

**DD 2697**

17. What form is used to complete the suitability screening for members that have orders for overseas and remote duty locations? (Page 14-14)

**NAVMED 1300/1**

18. What type of testing determines the ability of the eye to discriminate fine detail? (Page 14-16)

**Visual acuity**

19. What type of test determines distant visual acuity? (Page 14-16)

**Snellen charts**

20. What are used to test near vision when the AFVT is not available? (Page 14-17)

**Jaeger cards**

21. What is a semi-portable machine that has the capability to test near and distant visual acuity, horizontal and vertical phorias, and stereopsis (depth perception)? (Page 14-17)

**Armed Forces Vision Tester (AFVT)**

22. The Navy has two methods of testing color discrimination which include the Farnsworth Lantern Test (FALANT) and what else? (Page 14-17)

**Pseudoisochromatic Plates (PIP)**

23. How many inches from the examinee should the plates be held from the examinee when administering PIP examinations? (Page 14-17)

**30**

24. What is a record of hearing thresholds an individual has for various sound frequencies? (Page 14-18)

**Audiogram**

25. Upon entry into the service, a baseline audiogram is performed and recorded on what form? (Page 14-18)

**DD 2215**

26. What is a record of electrical impulses as they travel through the heart called? (Page 14-18)

**Electrocardiogram (ECG or EKG)**

27. The Naval Medical Department routinely uses EKGs with how many leads for physical examinations performed on Navy and Marine Corps personnel? (Page 14-20)

12

## Chapter 15

1. At least how often must dental examinations of all active duty Navy and Marine Corps personnel be conducted as well as on other appropriate occasions to establish the need for dental treatment and verify dental records? (Page 15-3)

**Annually**

2. What is the most extensive type of dental examination? (Page 15-3)

**Type-1**

3. What is a comprehensive hard and soft tissue dental examination? (Page 15-3)

**Type-2**

4. What type of dental examination consists of a mouth-mirror and explorer or tongue depressor examination with whatever illumination is available? (Page 15-3)

**Type-4**

5. What series are the procedures for the medical and dental evaluation of Navy and Marine Corps members and their accompanying family members who are undergoing suitability processing for overseas assignment contained in? (Page 15-3)

**NAVMEDCOMINST 1300.1**

6. What dental classification is for patients who do not require dental treatment or reevaluation within 12 months? (Page 15-5)

**Class 1**

7. What is the dental classification for patients who have oral conditions that the examining dentist feels if not treated or followed up, have the potential but are not expected to result in dental emergencies within 12 months? (Page 15-5)

**Class 2**

8. What is the dental classification for patients who have oral conditions that the examining dentist expects will result in dental emergencies within 12 months if not treated? (Page 15-5)

**Class 3**

9. What is the dental classification for patients who require a dental examination? (Page 15-5)

**Class 4**

10. What include filled and unfilled resins, glass ionomer cement, and pit and fissure sealants? (Page 15-15)

**Nonmetallic Permanent Restorations**

11. What procedure involves the surgical removal of the apex of the tooth? (Page 15-19)

**Apicoectomy**

12. What are extra teeth other than the normal 32 teeth that are present in the mouth called? (Page 15-19)

**Supernumerary Teeth**

13. What usually occurs when teeth move toward the space of an extracted tooth? (Page 15-19)

**Drifting**

14. What dental form is intended to be used on the initial, subsequent periodic, annual, recall, DD2808, and separation exams? (Page 15-24)

**EZ603**

15. What dental form should the completion of all dental treatment such as the treatment plan, dental emergencies and any other narrative dental findings be recorded on? (Page 15-26)

**EZ603A**

16. What form is used to record the findings of a dental examination? (Page 15-28)

**DD 2808**

17. What form do Dental Treatment Facilities (DTFs), Medical Treatment Facilities (MTFs), and shipboard medical and dental departments use to refer patients from one DTF/MTF, or department to another? (Page 15-29)

**SF 513**

## Chapter 16

1. What is the area of dentistry concerned with the prevention and treatment of defects in tooth enamel and dentin? (Page 16-1)

**Operative**

2. What area of dentistry assists the patient in either establishing control of the dental disease or in continuing to maintain good oral health? (Page 16-1)

**Preventive**

3. What dentistry specialty manages the prevention, diagnosis, and treatment of the dental pulp and the periradicular tissues that surround the root of the tooth (root canals)? (Page 16-1)

**Endodontics**

4. What dentistry specialty involve replacing missing teeth with gold or porcelain prosthesis (crown and bridge)? (Page 16-1)

**Prosthodontics**

5. What is the dental specialty involved in the diagnosis and treatment of diseases of the supporting tissues? (Page 16-1)

**Periodontics**

6. What specialty of dentistry is concerned with the supervision, guidance, and correction of growing and mature dentofacial structures (braces and retainers)? (Page 16-1)

**Orthodontics**

7. What are primarily used to remove debris from tooth cavities? (Page 16-2)

**Spoon excavators**

8. What are used to cleave (split) tooth enamel, smooth cavity walls, and sharpen cavity preparations? (Page 16-3)

**Chisels**

9. The wedelstaedt along with what else are the two most common types of chisels used in operative dentistry? (Page 16-3)

**Biangle**

10. What are used on the wall of the cavity preparation to cleave enamel and cut dentin so there will be a sharp cavity outline? (Page 16-3)

**Hatchets**

11. What are used with a pulling motion to smooth and shape the floor and sides of cavity preparations? (Page 16-3)

**Dental hoes**

12. What are used to trim, smooth, and shape the gingival margin of a cavity preparation? (Page 16-4)

**GMTs**

13. What are used to transport the freshly prepared amalgam restorative material to the cavity preparation? (Page 16-4)

**Amalgam carriers**

14. What are Amalgam condensers often called that are instruments used to condense or pack the amalgam filling materials into the cavity preparation? (Page 16-5)

**Pluggers**

15. What instruments have sharp cutting edges that are used to shape, form, or cut tooth anatomy into amalgam restorations? (Page 16-5)

**Carvers**

16. What may the dentist use to smooth and polish the restoration when the carving is complete? (Page 16-5)

**Burnishers**

17. What are used to transport and place dental cements, resins, temporaries, and insulating and pulp-capping materials? (Page 16-6)

**Composite resin**

18. How many different spatulas are available for mixing restorative materials? (Page 16-7)

**Three**

19. What syringe is used in dentistry to inject a local anesthetic? (Page 16-7)

**Aspirating**

20. What is used to isolate a designated tooth or teeth in the mouth before certain operative, endodontic and preventive dentistry procedures are performed? (Page 16-9)

**Rubber dam**

21. How many different designs is the Tofflemire retainer (or matrix retainer) available in? (Page 16-14)

**Three**

22. What is used to approximate the original surface and hold the restorative material in proper form and position until it sets when multiple surfaces of the tooth are removed during the cavity preparation? (Page 16-15)

**Matrix**

23. Most dental treatment is provided with the patient in what position? (Page 16-17)

**Supine**

24. Dental materials are exchanged under the patient's chin and over the patient's chest in what zone? (Page 16-22)

**Transfer**

25. An aspirating syringe, a needle, along with what else are the items used to give local anesthetics? (Page 16-23)

**Carpule**

26. The two most common local anesthetics used in dentistry are 2% lidocaine hydrochloride and 2% of what? (Page 16-23)

**Mepivacaine**

27. What is necessary to remove blood, pus, saliva, and debris from the treatment site and oral cavity? (Page 16-25)

**Aspiration**

28. What area of dentistry strives to restore decayed or fractured teeth to their original functional ability and esthetic quality of healthy dentition? (Page 16-25)

**Operative**

29. What are cavities called when two surfaces of the tooth are involved? (Page 16-27)

**Compound**

30. The last cutting step in the preparation of the cavity is finishing the what? (Page 16-28)

**Enamel walls**

31. What is a liner used to seal the dentinal tubules to help prevent micro-leakage that is placed in a cavity to receive amalgam alloy after any bases have been placed? (Page 16-28)

**Cavity varnish**

32. What is cavity varnish not used with? (Page 16-28)

**Composites**

33. What is used as a restorative material on the surfaces of both permanent and primary teeth? (Page 16-29)

**Amalgam**

34. When amalgam restorations are placed in the tooth, finishing and polishing of the restorations generally take place at another appointment. The appointment should be at least how many hours after the placement of the amalgam? (Page 16-31)

**24**

35. What is one of the most commonly used tooth-colored restorative materials? (Page 16-31)

**Composite resin**

36. Acid-etching the enamel portion of cavity preparations with a solution of what percent of phosphoric acid results in improved retention for resin restorations? (Page 16-31)

**35-50**

37. By how many methods can topical fluoride be administered? (Page 16-32)

**Three**

38. What is generally regarded as the most effective means of topical fluoride treatment? (Page 16-32)

**Gel application**

**Chapter 17**

1. What are Hospital Corpsmen (HM) performing diagnostic imaging called? (Page 17-1)

**Radiology technologists**

2. What is the most common type of x-ray exam? (Page 17-1)

**Chest**

3. With what type of technology can physicians view the inside of organs? (Page 17-1)

**Computed Tomography (CT)**

4. During what type of scan can atoms in the patient's body be exposed to a strong magnetic field? (Page 17-1)

**Magnetic Resonance Imaging (MRI)**

5. Who use sound waves to obtain images of organs and tissues in the body? (Page 17-1)

**Sonographers**

6. Who produce diagnostic images of breast tissue using special x-ray equipment? (Page 17-1)

**Mammographers**

7. What is the art of recording images of a patient's oral structures on film by using X-rays called? (Page 17-1)

**Oral radiography**

8. What year were X-rays discovered by a scientist named Wilhelm Conrad Roentgen? (Page 17-2)

**1895**

9. X-rays are a electromagnetic rays that travel in a wave motion and the measurement of this wave motion is called a what? (Page 17-3)

**Wavelength**

10. How many factors is the density of the X-ray image controlled by? (Page 17-3)

**Four**

11. What are the walls of X-ray rooms lined with that provide an element of shielding to people outside the room? (Page 17-4)

**Lead**

12. What rule is based on the principle that any amount of radiation exposure, no matter how small, can increase the chance of negative biological effects such as cancer? (Page 17-4)

**ALARA**

13. Film badges are placed in the X-ray room behind the technician's protective lead-lined barrier or at least how many feet from the tube head and never in the direct line of radiation during exposure? (Page 17-5)

**6**

14. Radioactive material shall not be used in such a manner to cause any non-radiation worker to exceed a total effective dose equivalent to how many mRem per year considering occupancy factors and source usage? (Page 17-5)

**500**

15. The NRC has established total whole body doses for radiation workers. It sets the annual total effective dose limit at how many mRem for the entire body? (Page 17-5)

**5,000**

16. What program is designated to save Department of Defense (DOD) money by recycling precious metals and using those funds to offset the cost of supplies for DOD activities? (Page 17-6)

**Precious metals recovery**

17. Under what guidelines will precious metals be saved and turned into the Supply Department? (Page 17-6)

**BUMEDINST 4010.3**

18. What examination is conducted to obtain radiographs of the crowns, roots, and supporting structures for the teeth? (Page 17-27)

**Periapical**

19. How many periapical radiographs does the full mouth periapical examination consists of? (Page 17-29)

**14**

20. What examination reveals the presence of interproximal caries, certain pulp conditions, overhanging restorations, improperly fitting crowns, recurrent caries beneath restorations, and resorption of the alveolar bone? (Page 17-33)

**Interproximal**

21. What type of examination is usually conducted when fractures of the jaw or gross pathological conditions are suspected? (Page 17-35)

**Occlusal**

22. What technique is used for exposing occlusal radiographs? (Page 17-35)

**Bisected angle**

23. What is the fastest advancing technology in healthcare imaging today? (Page 17-37)

**Digital imaging**

24. How many basic steps involved in processing X-ray film are there? (Page 17-38)

**Five**

25. White light along with what else are the two basic sources of illumination a darkroom has? (Page 17-38)

**Safelight**

26. The length of exposure of undeveloped imaging film to the safelight should be limited to no longer than how many minutes? (Page 17-38)

**2**

27. What is the most commonly used method of processing medical and dental radiographs in the Navy? (Page 17-38)

**Automatic processing**

28. If processing a large quantity of X-ray films, the HM must avoid any mix-up. To do this, after inserting one patient's X-ray films, how many seconds should go by before inserting the next patient's films? (Page 17-39)

**15**

29. How often should the developer and fixer be changed at a minimum? (Page 17-39)

**3 to 4 weeks**

30. What type of X-ray machine is used to produce an extraoral radiograph that shows both dental arches and the temporomandibular joints? (Page 17-45)

**Panoramic**

**Chapter 18**

1. What is the science dealing with the origin, nature, chemistry, effects, and uses of medications? (Page 18-1)

**Pharmacology**

2. What is the branch of pharmacology that deals with biological, biochemical, and economic features of natural medications and their constituents? (Page 18-1)

**Pharmacognosy**

3. What is the branch of pharmacology dealing with the preparation, dispensing, and proper use of medications? (Page 18-1)

**Pharmacy**

4. What is the study of the dosages of medicines and medications? (Page 18-1)

**Posology**

5. What is the study of the action or effects of medications on living organisms? (Page 18-1)

**Pharmacodynamics**

6. What is the study of the uses of medications in the treatment of disease? (Page 18-1)

**Pharmacotherapeutics**

7. What is the study of poisons, their actions, their detection, and the treatment of the conditions produced by them called? (Page 18-1)

**Toxicology**

8. What is the science of treating disease by any method that will relieve pain, treat or cure diseases and infections, or prolong life called? (Page 18-1)

**Therapeutics**

9. What provides tests for medication identity, quality, strength, and purity? (Page 18-1)

**USP-NF**

10. What did the U.S. Federal Food, Medication, and Cosmetics Act designate as the official reference for medications marketed in the United States? (Page 18-1)

**USP-NF**

11. What is the most widely used text/reference in American pharmacies? (Page 18-2)

**Remington: The Science and Practice of Pharmacy**

12. What is the amount of medication to be administered referred to as? (Page 18-2)

**Dose**

13. A therapeutic dose is calculated on an average adult male of 24 years who weighs approximately how many pounds? (Page 18-2)

**150**

14. What is the most common factor that influences the amount of medication to be given? (Page 18-2)

**Age**

15. What is the most common method of administering medications? (Page 18-4)

**Oral**

16. What type of medications are administered by placing the medication under the tongue? (Page 18-4)

**Sublingual**

17. What type of medications are administered by placing the medication between the cheek and gum? (Page 18-4)

**Buccal**

18. What type of medications are introduced by injection? (Page 18-4)

**Parenteral**

19. What is the type of medication injected just below the skin's cutaneous layers? (Page 18-5)

**Subcutaneous**

20. What type of medication is injected within the dermis layer of the skin? (Page 18-5)

**Intradermal**

21. What type of medication is introduced directly into the vein? (Page 18-5)

**Intravenous**

22. What is the process called by which a medication is converted into a fine spray by the use of compressed gas? (Page 18-5)

**Nebulization**

23. How many important steps to follow are there when administering medication to a patient to prevent errors? (Page 18-6)

**Six**

24. What is any chemical substance called that has an effect on living tissue but is not used as a food? (Page 18-7)

**Medication**

25. Medications are classified according to set criteria and fall into three specific areas: general, chemical, and what else? (Page 18-7)

**Therapeutic**

26. What are medications called that cause shrinkage of the skin and mucous membranes? (Page 18-8)

**Astringents**

27. What are bland or fatty substances called that may be applied to the skin to make it more pliable and soft? (Page 18-8)

**Emollients**

28. What are agents called that inhibit or suppress the act of coughing? (Page 18-8)

**Antitussives**

29. What can be used to reduce congestion and the swelling of mucous membranes? (Page 18-9)

**Nasal Decongestants**

30. What substance released by most cells distributed in connective tissues usually near blood vessels promotes some of the reactions associated with inflammation and allergies such as asthma and hay fever? (Page 18-9)

**Histamine**

31. What are used to counteract hyperacidity in the stomach? (Page 18-10)

**Antacids**

32. Normally oral medications should not be taken within how many hours of taking an antacid? (Page 18-10)

**2**

33. What suppress the growth of microorganisms? (Page 18-10)

**Antiseptics**

34. What are agents called that are used to disinfect inanimate objects and are primarily germicidal in their action? (Page 18-10)

**Disinfectants**

35. What is the standard by which all other antiseptic, disinfectant, and germicidal agents are measured in effectiveness? (Page 18-10)

**Phenol**

36. What were the first effective chemotherapeutic agents to be available in safe therapeutic dosage ranges? (Page 18-11)

**Sulfonamides**

37. What is one of the most effective and least toxic of the antimicrobial agents? (Page 18-12)

**Penicillin**

38. What are a group of semi-synthetic derivatives of cephalosporin C called which is an antimicrobial agent of fungal origin? (Page 18-12)

**Cephalosporins**

39. In what year were Tetracyclines introduced which were the first truly broad-spectrum antibiotics? (Page 18-13)

**1948**

40. What are a group of medications that share chemical, antimicrobial, pharmacologic, and toxic characteristics, and that are effective against most gram-positive and gram-negative organisms? (Page 18-13)

**Aminoglycosides**

41. What are antibiotics constituting a large group of bacteriostatic agents that inhibit protein synthesis known as? (Page 18-14)

**Macrolides**

42. What type of medications facilitate the passage and elimination of feces from the colon and rectum? (Page 18-16)

**Laxatives**

43. What are agents that increase the rate of urine formation called? (Page 18-16)

**Diuretics**

44. What type of medications relieve pain without producing unconsciousness or impairing mental capacities? (Page 18-17)

**Non-narcotic analgesics**

45. What are used to relieve or reduce fevers? (Page 18-17)

**Antipyretics**

46. What are mainly used as sedative-hypnotics, anticonvulsants, anesthetics for short anesthesia, and may be used in combination with analgesics to enhance their analgesic effect? (Page 18-18)

**Barbiturates**

47. Tranquilizers and mood modifiers are the two primary groups of what agents? (Page 18-19)

**Psychotherapeutic**

48. What are used to produce constriction of the blood vessels with consequent rise in blood pressure? (Page 18-20)

**Vasoconstrictors**

49. What taken in high doses is believed to prevent the common cold, and to treat asthma, atherosclerosis, wounds, schizophrenia, and cancer? (Page 18-21)

**Vitamin C**

50. What type of medications produce a rhythmic contraction of the uterus? (Page 18-23)

**Oxytocics**

51. In what year did the World Health Organization (WHO) declare the global eradication of naturally occurring smallpox? (Page 18-23)

**1980**

52. What is the study and science of weights and measures called? (Page 18-24)

**Metrology**

53. What is the official system of weights and measures used by Navy Pharmacy Departments for weighing and calculating pharmaceutical preparations? (Page 18-24)

**Metric System**

54. What is the relationship of one quantity to another quantity of like value? (Page 18-28)

**Ratio**

55. What is the expression of equality of two ratios called? (Page 18-29)

**Proportion**

56. What are aromatic, sweetened hydroalcoholic solutions containing medicinal substances called? (Page 18-30)

**Elixirs**

57. What are coarse dispersions comprised of finely divided insoluble material suspended in a liquid medium called? (Page 18-30)

**Suspensions**

58. What are semisolid, fatty, or oily preparations of medicinal substances called? (Page 18-30)

**Ointments**

59. What are solid bodies intended to introduce medicinal substances into the various orifices of the body called? (Page 18-30)

**Suppositories**

60. What are gelatin shells containing solid or liquid medicinal substances to be taken orally called? (Page 18-30)

**Capsules**

61. What is used for mixing and measuring various medicinal ingredients? (Page 18-31)

**Enrlenmeyer flask**

62. What are conical or cylindrical clear glass containers graduated in specified quantities that are used to measure liquids volumetrically? (Page 18-32)

**Graduates**

63. What type of incompatibilities occur when agents antagonistic to one another are prescribed together? (Page 18-33)

**Therapeutic**

64. What type of incompatibilities are often called pharmaceutical incompatibilities and are evidenced by the failure of the medications to combine properly? (Page 18-33)

**Physical**

65. What is any condition called which makes a particular treatment or procedure inadvisable? (Page 18-34)

**Contraindication**

66. What is the most important tool used by the pharmacy? (Page 18-34)

**Prescription**

67. The DoD Prescription (DD Form 1289) along with the Polyprescription using what form are the two standardized forms used for prescriptions? (Page 18-35)

**NAVMED 6710/6**



68. What is that part of the prescription that lists the name and quantity of the medication to be used? (Page 18-37)

**Inscription**

69. What part of the prescription gives the directions for the patient? (Page 18-37)

**Signa**

70. How many times should the container labels used in filling prescriptions be verified? (Page 18-38)

**Three**

71. How many years after the issue date are prescriptions currently required to be kept on file? (Page 18-40)

**2**

72. How many schedules (categories) related to a medications potential for abuse, medical usefulness, and degree of dependency, if abused did the Controlled Substance Act of 1970 establish? (Page 18-40)

**Five**

73. Prescriptions for schedule II substances can never be ordered with refills and in most cases must be filled within how many days of the date originally written? (Page 18-41)

**7**

74. Prescriptions must be filled within 30 days of the date written and may be refilled up to five times within how many months for Schedule III substances? (Page 18-41)

**6**

75. What type of substances are primarily antitussives or antidiarrheals? (Page 18-41)

**Schedule V**

76. At least how often, or more frequently if necessary, the Controlled Substances Inventory Board (CSIB) takes an unannounced inventory of controlled substances? (Page 18-42)

**Quarterly**

**Chapter 19**

1. What will the manual, automated, or computer-generated laboratory test reports be placed above in the health record? (Page 19-2)

**SF-545**

2. The capillary method along with what other method are the two principal methods of obtaining blood specimens? (Page 19-4)

**Venipuncture**

3. What type of blood collection is performed when a small quantity of blood is needed for testing as in the case of some pediatric blood draws? (Page 19-5)

**Capillary**

4. Tourniquets should not be left on for more than what time frame when drawing blood? (Page 19-9)

**One minute**

5. What is a precision instrument used extensively in clinical laboratories to observe objects too small to be seen by the unaided eye? (Page 19-11)

**Microscope**

6. What is the type of microscope most often used in the laboratory referred to as? (Page 19-11)

**Compound**

7. How many parts does the framework of the compound microscope consist of? (Page 19-11)

**Four**

8. What may a red cell count that drops below normal values indicate? (Page 19-13)

**Anemia**

9. What delivers and releases oxygen to the tissues and facilitates carbon dioxide excretion? (Page 19-14)

**Hemoglobin**

10. Normal WBC values in adults range from 4,800 to how many cells per cubic millimeter? (Page 19-14)

**10,800**

11. What is the condition referred to as when WBC rises above normal values? (Page 19-15)

**Leukocytosis**

12. What accounts for the largest percentage of leukocytes found in a normal blood sample, and function by ingesting invading bacteria? (Page 19-16)

**Neutrophils**

13. What destroy parasites and respond in immediate allergic reactions? (Page 19-17)

**Eosinophil**

14. What is associated with immune response and the body's defense against viral infection? (Page 19-17)

**Lymphocyte**

15. What is the largest of the normal white blood cells that controls microbial and fungal infections as well as removes damaged cells from the body? (Page 19-18)

**Monocyte**

16. What are bacteria that cause diseases called? (Page 19-18)

**Pathogens**

17. Temperature, oxygen, nutrition, along with what else are the four growth requirements for bacteria? (Page 19-19)

**Moisture**

18. What are organisms that reproduce in the presence of oxygen called? (Page 19-19)

**Aerobes**

19. What are organisms that do not reproduce in the presence of oxygen called? (Page 19-19)

**Anaerobes**

20. What is used to enhance the visualization of microorganisms on the smear? (Page 19-21)

**Gram staining**

21. What consists of procedures by which antigens and reacting serum globulin antibodies may be measured qualitatively and quantitatively? (Page 19-22)

**Serology**

22. What is a substance that when introduced into an individual's body is recognized as foreign by an individual's immune system and causes a detectable reaction? (Page 19-22)

**Antigen**

23. What are specific defensive proteins that are produced when an antigen stimulates individual cells? (Page 19-22)

**Antibodies**

24. The RPR Card test is a non-specific, easily performed screening test for what? (Page 19-22)

**Syphilis**

25. Fungi reproduce by spores that germinate into long filaments called what? (Page 19-23)

**Hyphae**

26. What does the normal daily urine volume for adults average? (Page 19-24)

**1,500 ml**

27. What is defined as the density of a solution compared to an equal volume of distilled water? (Page 19-25)

**Specific gravity**

28. The specific gravity of a 24-hour urine specimen may vary from 1.001 to what while in the presence of a disease? (Page 19-26)

**1.060**

29. What is specific gravity measured with? (Page 19-26)

**Index refractometer**

30. What in the urine always indicates some form of kidney disorder and should always be reported? (Page 19-29)

**Casts**

**Chapter 20**

1. What is a sterile pad or compress (usually made of gauze or cotton wrapped in gauze) used to cover wounds to control bleeding and prevent further contamination? (Page 20-1)

**Dressing**

2. Dressings should be large enough to cover the entire area of the wound and extend at least what amount in every direction beyond the wound edges? (Page 20-1)

**1"**

3. Most prepackaged battle dressings are how many tailed bandages for use in bandaging extremity, abdominal, and head wounds? (Page 20-1)

**4**

4. Roller along with what other type of bandages are the most common types of bandages? (Page 20-2)

**Triangular**

5. What type of bandage is ideal for the hand and wrist? (Page 20-5)

**Figure-eight**

6. What is one of the most difficult parts of the body to bandage due to its shape? (Page 20-5)

**Heel**

7. What type of bandage must be used to cover wounds of the forearm and lower extremities? (Page 20-6)

**Spiral reverse**

8. What type of bandage is frequently used for fractures of the lower jaw and to retain compresses to the chin? (Page 20-6)

**Barton**

9. What are triangular bandages usually made of? (Page 20-7)

**Muslin**

10. What is a small and lightweight one-handed tourniquet that completely occludes arterial blood flow in an extremity? (Page 20-11)

**Combat Application Tourniquet®**

11. What type of medical device measures the oxygen saturation of a patient's blood and changes in blood volume in the skin, producing a photoplethysmograph? (Page 20-12)

**Pulse Oximeter**

12. Crystalloids along with what else are the two types of fluids used for intravenous drips? (Page 20-12)

**Colloids**

13. What is the most commonly used type of crystalloid fluid? (Page 20-12)

**Saline**

14. The amount of normal saline infused depends on the needs of the patient (e.g. ongoing diarrhea or heart failure) but is typically between 1.5 and how many liters a day for an adult? (Page 20-12)

**3**

15. What is a synthetic plasma expander that works by producing expansion of plasma blood volume? (Page 20-13)

**Hetastarch**

16. What device offers an alternative route for administering fluids and medications when it is difficult to establish IV access in casualties in shock? (Page 20-13)

**Intraosseous (IO)**

17. United States oxygen cylinders are color coded green, silver or chrome with a green area around the valve stem on top. What is the international color code? (Page 20-14)

**White**

18. What was designed to help ventilate an unconscious casualty for long periods while delivering high concentrations of oxygen? (Page 20-17)

**BVM ventilator**

19. Cardiac output is cut to what percent of the normal capacity when using external cardiac compressions? (Page 20-17)

**25-30**

20. What is provided for emergency use in compartments containing insufficient oxygen? (Page 20-21)

**Oxygen Breathing Apparatus (OBA)**

21. How many feet long is the standard steel-wire cable Navy lifeline? (Page 20-21)

**50**

22. What is the Navy service litter most commonly used for transporting sick or injured persons? (Page 20-27)

**Stokes stretcher**

23. The Stokes stretcher is limited to one casualty or how many lbs? (Page 20-27)

**400**

24. What type of stretcher is constructed of an outer plastic shell with an injected foam core of polyurethane foam? (Page 20-28)

**Miller Board**

25. What type of stretcher was designed for rapid immobilization of spinal and neck injuries in tight places? (Page 20-29)

**Reeves Sleeve**

26. What are used in the immobilization of suspected or real fractures of the spinal column? (Page 20-29)

**Spineboards**

27. What is one of the easiest ways to carry a casualty? (Page 20-31)

**Fireman's carry**

28. Once emergency medical care has been completed on-scene, the patient must be transferred to the treatment facility. What process provides the means of properly positioning, covering, and securing the patient to avoid any unnecessary aggravation to the patient's condition? (Page 20-35)

**Packaging**

29. How many phases are there to en route care in the military operational environment? (Page 20-35)

**Three**

30. What defines the care to be provided while there is a direct and ongoing threat to the patient and HM? (Page 20-35)

**Care Under Fire (CUF)**

31. What are substances with the potential of harming people or the environment called? (Page 20-43)

**Hazardous materials**

32. What labeling system indicates the health, flammability, and reactivity hazards of chemicals? (Page 20-44)

**NFPA 704**

33. The most dangerous element of any HAZMAT incident both to the exposed casualties and the rescuers is the rescue from the what? (Page 20-46)

**Hot zone**

34. What is the process of removing or neutralizing and properly disposing of contaminants that have accumulated on personnel and equipment called? (Page 20-46)

**Decontamination**

35. What is the most frequently appropriate method of decontamination? (Page 20-46)

**Dilution**

## Chapter 21

1. What is anyone participating in military operations or activities identified as? (Page 21-1)

**Combatant**

2. What is the process of quickly assessing patients in a multiple-casualty incident and assigning patients a priority (or classification) for receiving treatment according to the severity of the illness or injury? (Page 21-2)

**Triage**

3. What class of casualties have injuries that are critical but who will require only minimal time or equipment to manage and who have a good prognosis for survival? (Page 21-2)

**Priority 1**

4. What type of accident is caused by an interruption of the arterial blood supply to a portion of the brain? (Page 21-26)

**Cerebrovascular**

5. What are characterized by severe and uncontrolled muscle spasms or muscle rigidity? (Page 21-27)

**Convulsions**

6. What is a condition characterized by an abnormal focus of activity in the brain that produces severe motor responses or changes in consciousness? (Page 21-27)

**Epilepsy**

7. What is a condition characterized by sudden onset, excessive skin irritation, painful *erythema* (redness of skin produced by congestion of the capillaries), bullae (large blisters), and exfoliation of the skin in sheets? (Page 21-28)

**Toxic epidermal necrolysis**

8. Men in what age group are more prone to heart conditions? (Page 21-33)

**50-to-60**

9. What is caused by insufficient oxygen being circulated to the heart muscle? (Page 21-33)

**Angina**

10. A heart suffering from prolonged hypertension, valve disease, or heart disease will try to compensate for decreased function by increasing the size of the left ventricular pumping chamber and increasing the heart rate. What is this condition known as? (Page 21-34)

**Congestive heart failure**

11. What is a severe allergic reaction to foreign material? (Page 21-36)

**Anaphylactic shock**

12. The general treatment for severe anaphylaxis is the subcutaneous injection of what amount of epinephrine and supportive care? (Page 21-36)

**0.3 cc**

13. What is an inherited condition in which the pancreas secretes an insufficient amount of the protein hormone insulin? (Page 21-40)

**Diabetes mellitus**

14. What regulates carbohydrate metabolism by enabling glucose to enter cells for use as an energy source? (Page 21-40)

**Insulin**

15. What is the bleeding from lacerated blood vessels in the chest cavity and or lungs called? (Page 21-47)

**Hemothorax**

16. What type of delivery occurs when the baby's legs and or buttocks emerge first during child birth? (Page 21-52)

**Breech**

17. What should be readily available whenever administering opiates? (Page 21-57)

**Naloxone**

18. What is the most effective of all the pain-relieving drugs? (Page 21-61)

**Morphine**

19. The adult dose of morphine is 10 to 20 mg, which may be repeated, if necessary, in no less than how many hours? (Page 21-61)

**4**

20. What type of wounds are torn rather than cut? (Page 21-62)

**Lacerations**

21. What types of wounds are caused by objects that penetrate into the tissues while leaving a small surface opening? (Page 21-62)

**Punctures**

22. What is the tearing away of tissue from a body part called? (Page 21-63)

**Avulsion**

23. What is the escape of significant amounts of blood from the vessels of the circulatory system referred to as? (Page 21-63)

**Hemorrhage**

24. About how many liters of blood does the average adult body contain? (Page 21-63)

**5-6**

25. If a wound is a puncture wound, a large gaping wound of the soft tissue, or an animal bite, leave it un-sutured. Even under the care of a surgeon, it is the rule not to close wounds of this nature until after how many days? (Page 21-68)

**Four**

26. What fulfills the requirements for the perfect suture ease of manufacture, tensile strength, and variety available more often than any other material? (Page 21-69)

**Surgical gut**

27. Though it is referred to as "catgut," surgical gut is derived from the submucosal connective tissue of the first one-third (about how many yards) of the small intestine of healthy government-inspected sheep? (Page 21-69)

**8**

28. What is the most common type of local anesthetic used? (Page 21-70)

**Xylocaine**

29. Topical, local infiltration, along with what else are the three methods of anesthesia administration? (Page 21-70)

**Nerve block**

30. What is the maximum recommended amount of Xylocaine to be used for a 1% solution or the equivalent? (Page 21-70)

**50 ml**

31. When suturing, the best cosmetic effect is obtained by using numerous interrupted simple sutures placed what distance apart? (Page 21-71)

**1/8 inch**

32. What is a break in the bone known as? (Page 21-72)

**Fracture**

33. The radius along with what else are the two long bones in the forearm? (Page 21-73)

**Ulna**

34. What is the long bone of the upper part of the leg between the kneecap and the pelvis called? (Page 21-75)

**Femur**

35. Under how many heading in general can joint and muscle injuries be classified under? (Page 21-80)

**Four**

36. What is an injury known as when a bone is forcibly displaced from its joint? (Page 21-80)

**Dislocation**

37. As a general rule do not attempt to reduce a dislocation, to put a dislocated bone back into place, unless it is known that a medical officer cannot be reached within how many hours? (Page 21-80)

**8**

38. What are injuries to the ligaments and soft tissues that support a joint called? (Page 21-82)

**Sprains**

39. What are injuries caused by the forcible overstretching or tearing of muscles or tendons known as? (Page 21-82)

**Strains**

40. What are responsible for the discoloration that almost always accompanies injuries to bones, joints, and muscles? (Page 21-82)

**Contusions**

41. What is a special kind of infection that must be guarded against in case of animal bites? (Page 21-86)

**Rabies**

42. When a person has been bitten by an animal, every effort must be made to catch the animal and to keep it confined for a minimum of how many days? (Page 21-87)

**8 to 10**

43. What degree of burn is characterized by epidermal blisters, mottled appearance, and a red base? (Page 21-88)

**Second**

44. What degree of burn is a full-thickness injury penetrating into muscle and fatty connective tissues, or even down to the bone? (Page 21-88)

**Third**

45. What results from prolonged exposure to the ultraviolet rays of the sun? (Page 21-91)

**Sunburn**

46. Eyes that have been burned by acid should be irrigated for at least 5-10 minutes with at least what amount of water? (Page 21-92)

**2000 ml**

47. Irrigate alkali burns to the eyes for at least how many minutes? (Page 21-92)

**20**

48. What has been associated with extensive intravascular hemolysis? (Page 21-93)

**Copper**

49. What are often an early sign of approaching heat exhaustion? (Page 21-93)

**Muscle cramps**

50. What is the most common condition caused by working or exercising in hot environments? (Page 21-94)

**Heat exhaustion**

51. What is a mild cold injury caused by prolonged and repeated exposure for several hours to air temperatures from above freezing 32 F to as high as 60 F? (Page 21-97)

**Chilblain**

52. Immersion foot results from prolonged exposure to wet cold at temperatures ranging from just above freezing to what temperature? (Page 21-97)

**50°F**

53. Frostbite occurs when ice crystals form in the skin or deeper tissues after exposure to a temperature of what or lower? (Page 21-98)

**32°F**

54. What is defined as the force acting upon a particular area of matter? (Page 21-100)

**Pressure**

55. What amount of pressure does the weight of the atmosphere (from sea-level up to the ozone layer) exert on the human body? (Page 21-100)

**14.7 psi**

56. The amount of pressure on the diver's body doubles from the surface under how many feet of seawater (fsw)? (Page 21-100)

**33**

57. What law states "For any gas at a constant temperature, pressure, and volume are inversely related."? (Page 21-101)

**Boyles Law**

58. What is defined as the damage to tissues caused by a change in ambient pressure? (Page 21-101)

**Barotrauma**

59. Our bodies are what percent water and on the surface the body is at equilibrium (balance) with the inert gases in breathing air? (Page 21-103)

**85%**

60. What condition occurs when a bubble forms “in” the skin the dermis and or epidermis? (Page 21-104)

**Cutis Marmorata**

61. Any neurological symptom within the first how many minutes after surfacing from a dive is considered an Arterial Gas Embolism? (Page 21-104)

**10**

## Chapter 22

1. What is a substance that, when introduced into the body, produces a harmful effect on normal body structures or functions? (Page 22-1)

**Poison**

2. What is the science of poisons, their actions, their detection, and the treatment of the conditions produced by them? (Page 22-1)

**Toxicology**

3. How many steps are there in the initial evaluation and follow-on poison management? (Page 22-2)

**Six**

4. Less than what percent of poisons have specific antidotes? (Page 22-3)

**Five**

5. What is the most common route of poison exposure? (Page 22-4)

**Ingestion**

6. What adsorbs many substances in the stomach and prevents absorption into the body? (Page 22-6)

**Activated charcoal (AC)**

7. What is the more common route of exposure to toxic substances in the Navy and in other industrial settings? (Page 22-8)

**Inhalation**

8. What is the most common agent of gas poisoning? (Page 22-9)

**Carbon monoxide**

9. About how many species of scorpions exist in America? (Page 22-10)

**40**

10. How many venomous families of snakes are there? (Page 22-12)

**Five**

11. Patients with snakebites must be hospitalized and observed for at least how long? (Page 22-14)

**24 hours**

12. Approximately how many stingray attacks are reported annually in the U.S.? (Page 22-17)

**1800**

13. What is the venom of the blue-ringed octopus which is a neuromuscular blocker called also found in Puffer (Fugu) fish? (Page 22-21)

**Tetrodotoxin**

14. The sea snake injects a poison that has 2 to how many times the toxicity of cobra venom? (Page 22-25)

**10**

15. What are composed of minute multicellular animals with spicules of silica or calcium carbonate embedded in a fibrous skeleton? (Page 22-26)

**Sponges**

16. What type of fish poisoning is caused by eating the flesh of a fish that has eaten a toxin-producing microorganism? (Page 22-26)

**Ciguatera poisoning**

17. What is the most popular narcotic drug next to Cocaine because of its intense euphoria and long-lasting effect? (Page 22-31)

**Heroin**

18. What is the most widely abused drug today? (Page 22-31)

**Alcohol**

19. What are the group of drugs that affect the central nervous system by altering the user’s perception of self and environment commonly known as? (Page 22-33)

**Hallucinogens**

20. What is used for the treatment of nausea and vomiting in chemotherapy patients? (Page 22-33)

**Dronabinol**

21. After a single inhaled dose of marijuana, a subjective "high" begins in several minutes and is gone within how many hours? (Page 22-34)

**Four**

22. What are potentially dangerous, volatile chemicals that are not meant for human consumption? (Page 22-34)

**Inhalants**

**Chapter 23**

1. During what conflict did the first large-scale use of chemical agents happen? (Page 23-1)

**World War I**

2. Lethal agents are those that result in what percent or greater death rate among casualties? (Page 23-3)

**10**

3. What is the most widely used method of detecting liquid chemical warfare agents? (Page 23-3)

**M9 paper**

4. What chemical agent detector kit is a portable kit that detects nerve gas, mustard gas, and cyanide? (Page 23-4)

**M256A1**

5. How many Mission-Orientated Protective Posture (MOPP) levels are there? (Page 23-4)

**Five**

6. A chemical agent on the skin can be removed effectively by using what skin decontamination kit? (Page 23-5)

**M291**

7. What agents are of the greatest concern as compared to all chemical agents? (Page 23-5)

**Nerve**

8. Decontamination of chemical agents on the skin within 1 minute after contamination is perhaps how many times more effective than if decontamination is delayed 5 minutes? (Page 23-5)

**10**

9. What can be used to remove the nerve agent from the enzyme acetylcholinesterase within the synaptic cleft (the space between the nerve cells) of the nervous system? (Page 23-6)

**2-PAM CL**

10. What is a single autoinjector that has two chambers that deliver 2.1 mg of Atropine and 600mg of 2-PAM CL in a single injection? (Page 23-6)

**ATNAA**

11. What agents exert their primary action on the skin, producing large and painful blisters that are incapacitating? (Page 23-7)

**Vesicants**

12. What is the most vulnerable part of the body to mustard gas? (Page 23-8)

**Eyes**

13. What type of agents basic physical actions disrupt oxygen utilization at the cellular level causing cellular suffocation? (Page 23-9)

**Blood**

14. How many hours does it usually take for cyanides to dissipate? (Page 23-10)

**24**

15. What agents damage the membranes in the lungs that separate the alveolar tissue resulting in fluid from the blood, known as plasma, to leak into the alveoli and fill them with fluid? (Page 23-10)

**Pulmonary**

16. What colorless gas has a distinctive odor similar to that of new-mown hay or freshly cut grass? (Page 23-10)

**Phosgene**

17. What are essentially local irritants that act primarily on the eyes? (Page 23-12)

**Lacrimators**

18. The initial management of a casualty contaminated by chemical agents will require removal of MOPP and decontamination with what percent hypochlorite before treatment? (Page 23-14)

**0.5%**

19. How many different types of Biological Agents used as weapons are there? (Page 23-16)

**Three**



20. What are single celled organisms called that are capable of causing a variety of diseases in animals, plants, and humans? (Page 23-16)

**Bacteria**

21. What are intracellular parasites that lack a system for their own metabolism called? (Page 23-16)

**Viruses**

22. With recent advances in diagnostic testing, biological agents can be detected in the field. A first-line presumptive test is the Hand-Held Assay Panel that can make an indication of the presence of several biological agents within how many minutes? (Page 23-17)

**15**

23. What is the disease caused by the bacterium *Bacillus anthracis*? (Page 23-18)

**Anthrax**

24. How many types of anthrax are in humans? (Page 23-18)

**Three**

25. The average is from 1 to 7 days, although incubation periods of up to how many days can be possible for Anthrax? (Page 23-18)

**60**

26. About what percent of untreated cases of cutaneous anthrax will result in death? (Page 23-18)

**20%**

27. In what percent of cases will death result from intestinal anthrax in? (Page 23-19)

**25%-60%**

28. What are the primary treatment required for Anthrax? (Page 23-19)

**Antibiotics**

29. What is an infectious disease that affects animals and humans that is caused by the bacterium *Yersinia pestis*? (Page 23-19)

**Plague**

30. What is the most common form of plague? (Page 23-20)

**Bubonic**

31. What is the most toxic substance known that is 10-15,000 times more toxic than VX nerve agent by weight? (Page 23-22)

**Botulinum**

32. What is derived from the beans of the castor plant (*Ricinus communis*) and can be made from the waste material left over from processing castor beans and is a potent toxin that has potential to be used as an agent of biological warfare and as a weapon of mass destruction? (Page 23-23)

**Ricin**

33. What is a serious, contagious, and sometimes fatal infectious disease caused by the *variola* virus that emerged in human populations thousands of years ago? (Page 23-24)

**Smallpox**

34. What is the most severe and common form of smallpox? (Page 23-24)

**Variola Major**

35. How many days after exposure to the virus do symptoms of smallpox infection usually appear within? (Page 23-24)

**10-12**

36. It may lessen the severity of illness or even prevent illness if a person infected with smallpox gets the smallpox vaccine within how many days after exposure to the virus? (Page 23-25)

**4**

37. Viral hemorrhagic fevers (VHFs) refer to a group of illnesses that are caused by how many distinct families of viruses? (Page 23-25)

**Four**

38. What is the only approved VHF vaccination for? (Page 23-26)

**Yellow Fever**

39. The first use of an atomic weapon during war took place during what conflict? (Page 23-27)

**WWII**

40. What is any device called that causes the purposeful dissemination of radioactive material across an area without a nuclear detonation? (Page 23-27)

**RDD**

41. What may be defined as the spontaneous and instantaneous decomposition of the nucleus of an unstable atom with the accompanying emission of a particle, a gamma ray, or both? (Page 23-28)

**Radioactivity**

42. When radiation interacts with atoms, energy is deposited, resulting in what? (Page 23-28)

**Ionization**

43. What are heavy, very short-range particles that are not able to penetrate clothing or human skin? (Page 23-28)

**Alpha**

44. What is a light, short-range particle that is actually an ejected electron? (Page 23-28)

**Beta radiation**

45. Compared to gamma rays, neutrons can cause how many times greater damage to tissue? (Page 23-28)

**20**

46. What is used to measure a quantity of absorbed dose of radiation? (Page 23-29)

**Radiation Absorbed Dose (RAD)**

47. The Roentgen equivalent man (Rem) along with what else are two other units that may be used to express radiation units? (Page 23-29)

**Sievert (Sv)**

48. What is used to perform ground radiological surveys in vehicles or in dismounted mode by individual personnel as a handheld instrument? (Page 23-30)

**AN/VDR 2**

49. What is a compact, handheld, or pocket carried, tactical device that can measure prompt gamma/neutron doses from a nuclear event? (Page 23-30)

**AN/UDR 13**

50. What is a multi range Radiac device that detects beta and gamma radiation? (Page 23-30)

**AN/PDQ-1**

51. What is an essential component in preventing/reducing radiation exposure? (Page 23-31)

**Shielding**

52. What is the most effective shielding material in preventing/reducing radiation exposure? (Page 23-31)

**Lead**

53. What is an acute illness caused by irradiation of the body by high dose of penetrating radiation in a very short period of time, usually a matter of minutes? (Page 23-32)

**Acute Radiation Syndrome (ARS)**

54. What is a medical condition caused by long term exposure to low dose radiation? (Page 23-33)

**Chronic Radiation Syndrome (CRS)**

**Chapter 24**

1. What do HMs observe when examining the oral structures, such as bleeding gums, carious lesion, or heavy deposits of plaque or calculus? (Page 24-1)

**Signs**

2. What does a patient report about his or her disease or injury such as a toothache or sore gums? (Page 24-1)

**Symptom**

3. What occur when bacterial processes damage hard tooth structures? (Page 24-2)

**Dental caries**

4. What is an inflammation of the pulp usually due to injury from dental caries or trauma called? (Page 24-2)

**Acute pulpitis**

5. What usually results from an infection of the pulpal tissue causing the pulp to become necrotic (die)? (Page 24-3)

**Periapical abscess**

6. What are a group of diseases that affect the periodontium that support and anchor the teeth called? (Page 24-4)

**Periodontal diseases**

7. What is gingival tissue inflammation called? (Page 24-4)

**Gingivitis**

8. What is a severe infection of the gingival tissue commonly referred to as trenchmouth called? (Page 24-5)

**Necrotizing ulcerative gingivitis (NUG)**

9. What involves progressive loss of the alveolar bone around the teeth, and if left untreated can lead to the loosening and subsequent loss of teeth? (Page 24-6)

**Periodontitis**

10. What is an inflammation of the gingiva around a partially erupted tooth called? (Page 24-8)

**Pericoronitis**

11. What teeth does pericoronitis most often affect? (Page 24-8)

**17 and 32**

12. What is a general term used to denote inflammation of the oral mucosa? (Page 24-9)

**Stomatitis**

13. Postextraction alveolar osteitis is a condition that is commonly referred to as a “dry socket”. It’s a common occurrence following the surgical removal of mandibular molars, occurring in what percent of patients? (Page 24-10)

**20% to 25%**

14. What are the most frequently injured facial bones after the nasal bones? (Page 24-14)

**Mandible**

**Chapter 25**

1. What program consists of search, recovery, identification, care, and disposition of the remains of deceased personnel for whom the Department of the Navy is responsible? (Page 25-1)

**Decedent Affairs Program**

2. What instruction contains decedent affairs procedures? (Page 25-1)

**OPNAVINST 5360.1**

3. What program provides professional mortuary services, supplies, and related services incident to the care and disposition of remains of persons eligible for these services? (Page 25-1)

**Current Death Program**

4. Who serves as the person who directs all activities having to do with the deceased? (Page 25-1)

**PADD**

5. What program provides for the search, recovery, evacuation to a temporary cemetery or a mortuary, initial identification, disposition of personal effects found, and burial in the temporary cemeteries? (Page 25-2)

**Graves Registration**

6. What program combines the Current Death Program and Graves Registration Program? (Page 25-2)

**Concurrent Return**

7. What program provides for permanent disposition of remains of persons buried in temporary cemeteries who could not be evacuated under the Concurrent Return Program? (Page 25-2)

**Return of Remains**

8. Within how many hours after it is determined that a casualty has occurred must a casualty report be submitted in accordance with MILPERSMAN 1770-030, Personal Casualty Report Procedures? (Page 25-3)

**Four**

9. By what message precedence should personnel casualty reports be sent? (Page 25-3)

**Priority**

10. CACOs are assigned for a period of 90 days to how many months depending on the needs of the families? (Page 25-4)

**9**

11. Within how many hours of a casualty are COs required to write a letter to the appropriate NOK? (Page 25-4)

**48**

12. What publication states that when an aircrew member dies while serving as an aircrew member on a military aircraft, the medical officer will recommend to the CO that an autopsy be performed to determine the cause of death? (Page 25-5)

**NAVMED P-117**

13. Chronological progress reports should be dispatched every 24 hours to BUMED and Navy Casualty Office, with the appropriate information addressees directed by OPNAVINST 5360.1 series when search, recovery, and identification operations continue for more than how many hours? (Page 25-6)

**36**

14. Annual contracts are awarded to funeral directors serving the local area of activities anticipating how many or more deaths per year? (Page 25-7)

**Three**

15. Remains may be refrigerated for short periods pending arrival of a transportation vessel or arrival of the government embalmer. To minimize cellular deterioration, remains should be refrigerated above the freezing point at 36° to what temperature? (Page 25-9)

**40°F**

16. When remains are transferred from an overseas activity to a CONUS point of entry, how many signed copies of the DD Form 2064 must accompany the remains? (Page 25-9)

**Three**

17. All remains should be inspected in accordance with what series after preparation of remains but prior to shipment? (Page 25-10)

**OPNAVINST 5360.1**

18. What are provided to accompany remains to ensure prompt, safe delivery, to show respect to the decedent, and as an indication of the Navy's desire to help the NOK? (Page 25-12)

**Escorts**

19. Three signed copies of what form will accompany the remains to CONUS when death occurs OCONUS? (Page 25-15)

**DD 2064**

20. Authorized Decedent Affairs Program expenses are chargeable to the special open allotment held by what? (Page 25-15)

**BUMED**

21. How many classifications of national cemeteries are there? (Page 25-17)

**Three**

## NAVMED P-117, MANUAL OF THE MEDICAL DEPARTMENT

### Chapter 15

1. DD 2808 along with what other form must be included with all completed physical examinations? (Page 15-5)  
**DD 2807-1**
2. How long must the facilities that conduct physical examinations keep a copy of the examination along with any supporting documents? (Page 15-6)  
**2 years**
3. What series contains guidance on the Preventive Health Assessment? (Page 15-10)  
**OPNAVINST 6120.3**
4. All applicants for enlistment must have a complete physical examination conducted within how many years from application? (Page 15-10)  
**2**
5. Within how many days of reporting to recruit training should recruit screening examinations be conducted? (Page 15-10)  
**14**
6. What form will be used to record the results of recruit screening evaluations? (Page 15-11)  
**SF 600**
7. All applicants for commission or warrant officer must have a complete physical examination conducted within how many years of application? (Page 15-12)  
**2**
8. What has the exclusive responsibility for scheduling and reviewing all medical examinations? (Page 15-12)  
**DODMERB**
9. How often must all NROTC and United States Merchant Marine Academy enrollees complete the NAVMED 6120/3 form? (Page 15-13)  
**Annually**
10. Separation examinations and evaluations shall be performed for all separating service members within how many days of the member's last active duty day? (Page 15-16)  
**180**
11. All service members over what age shall be offered screening for the presence of Hepatitis C antibodies at their effective date of separation? (Page 15-16)  
**35**
12. Within how many days of the member's last active duty day will retirement examinations and evaluations be performed for all retiring service members? (Page 15-17)  
**180**
13. How often must all members of the Navy and Marine Corps Reserves complete a preventive health assessment? (Page 15-20)  
**Annually**
14. What series contains guidance on performance of medical examinations of civilian employees by Medical and Dental Corps officers? (Page 15-21)  
**NAVMEDCOMINST 6320.3**
15. What series contains guidance on conducting and recording examinations for service members suspected of being under the influence of drugs or alcohol? (Page 15-22)  
**BUMEDINST 6120.20**
16. Statutory regulations require that members carried on the TDRL be examined at least once every how many months? (Page 15-22)  
**18**
17. A passing FALANT score is obtained by correctly identifying how many out of 9 presentations on the first test series? (Page 15-29)  
**9**
18. What class do Naval aviators and student Naval aviators belong to? (Page 15-50)  
**Class 1**
19. What class do aviation personnel other than designated naval aviators or student naval aviators fall into? (Page 15-50)  
**Class 2**

20. What class do members in aviation related duty that doesn't require them to personally be airborne belong to? (Page 15-50)

**Class 3**

21. What approves the Aeromedical Reference and Waiver Guide? (Page 15-53)

**BUMED**

22. How often are all aviation personnel involved in flight duties required to be evaluated? (Page 15-53)

**Annually**

23. What form will be used to document the results of the abbreviated aeromedical examination? (Page 15-54)

**NAVMED 6410/10**

24. What series details the medical enclosures and physical examination requirements for mishap examinations? (Page 15-55)

**OPNAVINST 3750.6**

25. What form is used to communicate to the aviation unit's CO recommendations for fitness to fly and clearance for high and moderate risk training? (Page 15-56)

**NAVMED 6410/2**

26. What form is used to communicate fitness to fly recommendations to the aviation unit's Commanding Officer? (Page 15-56)

**NAVMED 6410/1**

27. What form will be used to document all aviator status changes? (Page 15-56)

**NAVMED 6150/2**

28. How many years will the completed physical examinations of aviation personnel be kept on file? (Page 15-56)

**3**

29. A focused physical examination is required following a medical grounding that is in excess of how many days? (Page 15-57)

**60**

30. What is required for an initial waiver for all personnel who have been found to have disqualifying defects during evaluation? (Page 15-58)

**AMS**

31. The Local Board of Flight Surgeons (LBFS) is made up of at least how many medical officers? (Page 15-58)

**3**

32. If the LBFS grants an Aeromedical Clearance Notice it will expire no later than how many days from the date of the LBFS report? (Page 15-58)

**90**

33. How many members at a minimum will the Senior Board of Flight Surgeons (SBFS) be made up of? (Page 15-60)

**5**

34. All designated divers require surveillance of hearing by having an audiogram performed every how many years at a minimum? (Page 15-74)

**5**

35. What is the governing document for the Navy's Radiation Health Protection Program? (Page 15-82)

**NAVMED P-5055**

36. Treatment of all personnel with a positive TST shall be in accordance with what series? (Page 15-85)

**BUMEDINST 6224.8**

37. SO qualified personnel who experience TST conversion require evaluation to rule out active disease and must complete at least how many months of therapy prior to returning to fully duty? (Page 15-86)

**2**

38. How often is the Explosives Motor Vehicle Operator examination required for civilian workers up to age 60? (Page 15-94)

**2 years**

39. How many classes are LCAC personnel divided into? (Page 15-96)

**3**

40. All LCAC applicants must get an audiogram completed within how many days of reporting to the assigned assault craft? (Page 15-98)

**90**

## Chapter 16

1. What provides individuals with a chronological record of medical treatment? (Page 16-4)

**Medical record**

2. What are the original records established to document the continuation of care given to a beneficiary? (Page 16-4)

**Primary**

3. How many major categories of primary records are there? (Page 16-4)

**3**

4. What is a file of continuous care given to an Active Duty member? (Page 16-4)

**HREC**

5. What is a file of continuous care which documents ambulatory treatment received by a person other than an Active Duty member? (Page 16-5)

**OREC**

6. Which medical file documents care provided to a patient (inpatient) assigned to a designated inpatient bed in an MTF or ship? (Page 16-5)

**IREC**

7. Which type of medical records include convenience records, temporary records, and ancillary records? (Page 16-5)

**Secondary**

8. How many kinds of secondary records are commonly used? (Page 16-5)

**3**

9. What type of records consist of original health care documentation withheld from a patient's primary health record or OREC? (Page 16-6)

**Ancillary**

10. How often will the MRA conduct inventories of all secondary records? (Page 16-7)

**Annually**

11. Secondary records may be retired with the annual retirement of ORECs when they have not been active for how many years? (Page 16-7)

**2**

12. What contain the minimum information necessary to fill requests for data about patients? (Page 16-8)

**Indices**

13. What series contains the retention periods for indices, registers, and logs? (Page 16-8)

**SECNAVINST 5215.5**

14. What is responsible for administering the Navy's medical records program? (Page 16-10)

**MED-335**

15. What must each MTF establish to assess the quality of medical care documentation as well as the procedures developed for their establishment, maintenance, and disposition? (Page 16-11)

**MRC**

16. How often at a minimum will the MRC meet? (Page 16-11)

**Quarterly**

17. OPNAVINST 5100.19 along with what other series mandates that all occupational health data must be maintained in the HREC? (Page 16-13)

**OPNAVINST 5100.23**

18. What is used to show the beneficiary's relationship to the sponsor? (Page 16-15)

**FMP**

19. What form should be used to document positive HIV results? (Page 16-20)

**NAVMED 6000/2**

20. Inpatient medical records must be coded within how many days after discharge to avoid delinquent records? (Page 16-20)

**30**

21. How many days after discharge must MTFs that qualify for JCAHO accreditation have IRECs coded and completed? (Page 16-20)

**90**

22. What system is used to file HRECs, ORECs, EMFs, IRECs, and x-ray films? (Page 16-20)

**TDFS**

23. Records may be filed by patients last name in alphabetical order in files that house fewer than how many records? (Page 16-20)

**200**

24. What must be filed in the place of a record when a record custodian loans a record to a clinic? (Page 16-23)

**Charge out guide**

25. What series contains the primary guidance for converting Medical Department records to microform? (Page 16-23)

**NAVMEDCOMINST 5600.2**

26. Member's health, dental, and personnel records must be combined no later than how many working days before transfer or retirement to assure that all records are accounted for before the member leaves the area? (Page 16-24)

**2**

27. What series contains guidance for disposal of military health records? (Page 16-24)

**SECNAVINST 5212.5**

28. The Employee Medical File (EMF) for Navy Civilian employees contains occupational health data that must be maintained and retained for a minimum of how many years after termination of employment? (Page 16-28)

**30**

29. HRECs should be sent to the PSD or personnel unit holding the member's service and pay records when patients have been UA in excess of how many days? (Page 16-29)

**10**

30. How often must medical record personnel inventory records of Active Duty personnel assigned to their MTF as their primary MTF? (Page 16-31)

**Annually**

31. OREC medical records should be retired for patients not receiving services within the past 2 years, or how many years for teaching facilities? (Page 16-33)

**5**

32. Except for special circumstances, a clinical resume (summary) is required for all patients hospitalized for over how many hours? (Page 16-33)

**48**

33. Within how many days after discharge must Navy MTFs that qualify for JCAHO accreditation have IRECs coded and completed? (Page 16-33)

**30**

34. How many sections is the NAVMED 6150/10-19 divided into? (Page 16-33)

**2**

35. How many years after the last inpatient discharge from the MTF are IRECs normally retired? (Page 16-34)

**2**

36. How often must IRECs be reviewed for retirement eligibility? (Page 16-35)

**Annually**

37. Who is the medical record custodian on ships? (Page 16-37)

**Senior Medical Officer**

38. How often must HREC records be verified by the medical department having custody? (Page 16-38)

**Annually**

39. How often should HRECs be checked against the pay list or ship's roster to make sure that an HREC is onboard for each military member? (Page 16-38)

**Quarterly**

40. How long will a charge out form for members transferring from the command be kept onboard? (Page 16-38)

**1 year**

41. What form will patients who require additional consultative services at other medical facilities utilize? (Page 16-38)

**SF 513**

42. What series contains administration procedures for admitting patients to the Sick list in ships? (Page 16-39)

**BUMEDINST 6300.3**

43. What series must be followed when preparing dental records for retirement? (Page 16-42)

**SECNAVINST 5212.5**

44. Dental records of nonactive duty members and dependents should be retired as one records group after how many years after the calendar year in which the patient was last treated? (Page 16-42)

**2**

45. What is a multifaceted, multi-disciplinary program that addresses all aspects of intervention related to maltreatment involving military personnel and their dependents? (Page 16-42)

**FAP**



46. How long should FAP records be maintained at the treating MTF after they are closed? (Page 16-43)

**4 years**

47. How many laws has Congress enacted that affect the information in medical records? (Page 16-50)

**4**

48. What serves as evidence that the patient was informed of the purpose and uses of the information collected and advised of their rights and obligations on supplying the information? (Page 16-50)

**DD 2005**

49. What series is the Navy's implementing instruction for the Privacy Act? (Page 16-50)

**SECNAVINST 5211.5**

50. What series is the Navy's implementing instruction for the FOIA? (Page 16-50)

**SECNAVINST 5720.42**

51. What form must be used to document restrictions against access to medical records? (Page 16-51)

**NAVMED 6150/20**

52. What series governs release of all government records during the course of litigation? (Page 16-52)

**SECNAVINST 5820.8**

53. Charged out medical records must be returned no later than how many working days from the chargeout date? (Page 16-53)

**5**

54. What form must medical facilities use to request records or medical information from another MTF? (Page 16-53)

**DD 877**

55. What form should be used by a Navy or Marine Corps command to request medical records or x-rays held by the DVA on current or former members of the Naval Service? (Page 16-57)

**DD 877**

56. Which United States Navy Regulation articles require that naval personnel be advised in writing when entries are made in their medical records relative to disease or injury attributed to misconduct, or indicating the use of intoxicants or habit-forming drugs to a degree presumed to disqualify the member physically, mentally, or morally for performance of duties? (Page 16-58)

**1123 and 1124**

57. What contains the procedures for a person to remove an adverse entry from their medical records? (Page 16-59)

**Privacy Act of 1974**

58. What form must be prepared whenever a complete report of physical examination is required? (Page 16-62)

**SF 88**

59. What provides a current, concise, and comprehensive record of an examinee's personal medical history before entrance into the Naval service and any subsequent changes in status? (Page 16-62)

**SF 93**

60. What is a summation of a patient's hospitalization in narrative form and is used to provide a brief, accurate account of the care and treatment given? (Page 16-63)

**SF 502**

61. What form is used for the provisional anatomic diagnosis and completed autopsy protocol? (Page 16-63)

**SF 503**

62. The pathologist's provisional anatomic diagnoses must be entered in the IREC within how many hours following the autopsy? (Page 16-63)

**72**

63. What chronologically describes the clinical course of the inpatient? (Page 16-64)

**SF 509**

64. Never allow more than how many days to pass without a progress note for convalescent patients and orthopedic patients with no complications? (Page 16-65)

**7**

65. What form is used to file consultations relating to occupational health from private physicians or practitioners? (Page 16-66)

**SF 513**

66. What forms should be used to request radiologic, nuclear medicine, ultrasound, or computed tomography examinations? (Page 16-66)

**SF 519A or SF 519B**

67. What form should be used to record all care given to patients in the emergency room? (Page 16-68)

**SF 558**

68. What form is used for outpatient care that provides a current, concise, and comprehensive record of a patient's medical history? (Page 16-69)

**SF 600**

69. What form is used to record information regarding prophylactic immunizations, sensitivity tests, reactions to allergies, and blood typing? (Page 16-71)

**SF 601**

70. What is a record of physical qualifications, special training, and periodic examinations of members designated for performance of special duty such as diving? (Page 16-72)

**NAVMED 6150/1**

71. What provides a chronological history of the ships and stations to which a member is assigned for duty and treatment and contains an abstract of medical history for each sick list admission? (Page 16-72)

**NAVMED 6150/4**

72. What is used to record the administrative and diagnostic information about the admission, diagnosis, treatment, and disposition of an inpatient? (Page 16-74)

**NAVMED 6000/5**

73. What form is used to order corrective prescription eyewear and record information required to order eye glasses? (Page 16-75)

**DD 771**

## Chapter 19

1. What publication details medical duties and the facilities available within the Marine Corps organization? (Page 19-3)

**MCWP 4-11.1**

2. How many responsibilities must medical support to the Fleet Marine Force satisfy? (Page 19-5)

**3**

3. What level is dental support to the FMF provided at by the dental battalion assigned to the force service support group by Dental and Medical Service Corps officers? (Page 19-6)

**MEF**

4. What provides the National Command Authority with a responsive force that can conduct operations across the spectrum of conflict? (Page 19-7)

**Marine Corps**

5. What publication provides a complete and thorough breakdown of the organization of the U.S. Marine Corps? (Page 19-7)

**MCRP 5-12D**

6. What two parallel chains of command exist within the Marine Corps? (Page 19-7)

**Service and Operational**

7. How many broad categories is the Marine Corps divided into? (Page 19-7)

**4**

8. What are Marine Corps forces organized as? (Page 19-8)

**MAGTFs**

9. What is the Marine Corps' principle organization for the conduct of all missions across the range of military operations? (Page 19-9)

**MAGTF**

10. How many elements does each MAGTF consist of? (Page 19-9)

**4**

11. What is the MAGTF headquarters? (Page 19-9)

**CE**

12. What is task organized to conduct ground operations in support of the MAGTF mission? (Page 19-9)

**GCE**

13. What is task organized to support the MAGTF mission by performing some or all of the six functions of Marine aviation? (Page 19-9)

**ACE**

14. Who coordinates the MEF medical service both in planning and during operations with other services? (Page 19-10)

**Force Surgeon**

15. What is the most forward deployed and most mobile of the medical treatment facilities supporting MAGTFs? (Page 19-13)

**BAS**

16. Battalion Aid Stations (BAS) are comprised of one to two medical officers and up to how many hospital corpsmen? (Page 19-13)

**65**

17. What is the primary source of medical support above the aid station level within the MEF? (Page 19-14)

**Medical Battalion**

18. Medical Battalions consist of a H&S Co. and how many identical surgical companies? (Page 19-14)

**3**

19. How many beds does a surgical company ward have? (Page 19-14)

**60**

20. What is the smallest, most mobile medical support platoon of the medical battalion? (Page 19-15)

**STP**

## Chapter 22

1. What reference establishes swimming, bathing, and water training public health requirements? (Page 22-7)

**NAVMED P-5010**

2. What provides direction for the operation of shipboard potable water supply plants? (Page 22-10)

**NSTM Chapter 533**

3. What series provides the operation policy for installation drinking water systems? (Page 22-10)

**OPNAVINST 5090.1**

4. What reference establishes requirements for operation of shipboard sewage systems and physical and chemical environmental standards aboard ship? (Page 22-11)

**OPNAVINST 5090.1**

5. Which reference provides general public health guidance with respect to wastewater treatment and disposal? (Page 22-11)

**NAVMED P-5010**

6. What maintains a staff of experts in military public health policy and may be consulted about applicable directives or guidance for controlling specific diseases? (Page 22-14)

**NMCPHC**

7. Immunization programs for DON personnel, their dependents, and eligible civilians shall be administered in accordance with what series? (Page 22-17)

**BUMEDINST 6230.15**

8. What is the DoD Executive Agent for the DoD Border Customs and Clearance Program? (Page 22-22)

**USTRANSCOM**

9. Cholera has an incubation period from 2 hours to how many days? (Page 22-23)

**5**

10. What is the incubation period of the Plague? (Page 22-23)

**3-7 days**

11. What is the incubation period of Smallpox? (Page 22-23)

**12-14 days**

12. What is the incubation period of Yellow Fever? (Page 22-23)

**3-6 days**

13. What is the incubation period of Ebola? (Page 22-23)

**2-21 days**

14. How long is a ship sanitation certificate valid for? (Page 22-24)

**6 months**

15. OPNAVINST 5100.23 along with what other series establish, affirm, and assign responsibilities of the Navy Occupational Health Program? (Page 22-29)

**OPNAVINST 5100.19**

Test your knowledge online at [NavyBMR.com](http://NavyBMR.com)

16. DoD Directive 6205.02E along with what other instruction direct immunization programs for military personnel? (Page 22-32)

**BUMEDINST 6230.15A**

17. What is defined as the anticipation, recognition, evaluation and control of health hazards that may occur in the workplace? (Page 22-41)

**Industrial Hygiene**

18. What is the information management system for longitudinal exposure recordkeeping and reporting? (Page 22-41)

**DOEHRS**

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## NAVMED P-5010, MANUAL OF NAVAL PREVENTIVE MEDICINE

### Chapter 6

#### Section 1

1. Which command is responsible for the design, construction, and maintenance of shipboard potable water systems? (Page 6-1)

**Naval Sea Systems Command (NAVSEASYSKOM)**

2. Which command is responsible for promulgating instructions for ship-to-shore potable water connections and for providing potable water from an approved source when the ship is berthed at a naval facility? (Page 6-1)

**Naval Facilities Engineering Command (NAVFACENGCOM)**

3. Who is responsible for establishing and promulgating health standards for water quality afloat? (Page 6-1)

**Chief, BUMED**

4. Who is responsible for the chloride and hydrogen ion (pH) testing of the ship's potable water? (Page 6-2)

**Engineering Officer**

5. Which type of water tends to be mineral free and can be highly corrosive to metal piping and storage tanks? (Page 6-2)

**Distilled**

6. If unusual conditions require drastic restrictions in the use of potable water, the allowances should not be less than how many gallons per man per day to be used for drinking and cooking purposes? (Page 6-3)

**2**

7. How many gallons of potable water are specified per day per man by NAVSEA for design considerations? (Page 6-3)

**50**

#### Section 2

1. Shipboard potable risers shall be at least how many inches above the deck and turned down? (Page 6-6)

**18"**

2. Potable water riser valve or valve handles must be properly color coded in accordance with which publication? (Page 6-6)

**NSTM Chapter 505**

#### Section 3

1. How many general types of distillation plants are installed on naval vessels depending on the source of heat used to evaporate seawater? (Page 6-7)

**3**

2. Which type of distilling plants are submerged tube type and use heat derived from diesel engine jacket water? (Page 6-7)

**Waste heat**

3. Which type of distilling plants primarily require only electrical energy for operations? (Page 6-7)

**Vapor compression**

4. Filling connection hose valves must have the potable water receiving connection at least how many inches above the deck? (Page 6-9)

**18"**

5. To avoid scald injuries, the temperature setting for the hot water heaters serving habitability space showers and lavatories must be set not to exceed which temperature at the water tap? (Page 6-9)

**120°F**

6. Only sealants and lubricants certified to which standard may be used for potable water piping repairs? (Page 6-10)

**NSF/ANSI Standard 61**

7. Which color code will be used for potable water sounding tube caps? (Page 6-10)

**Dark blue**

8. Potable water hoses must be labeled "POTABLE WATER ONLY" with 1-inch high letters approximately every how many feet? (Page 6-10)

**10'**

#### Section 4

1. Maintenance of what is the usual method of guarding against contamination or accidents that may occur during the production, handling, storage, and distribution of potable water? (Page 6-11)

**Halogen residual**

2. EPA has established a maximum contaminant level (MCL) for all disinfectants used in drinking water at how many parts per million (PPM)? (Page 6-11)

**4**

3. Shipboard water is disinfected by the addition of sufficient chlorine or bromine to produce not less than how many parts per million (PPM) Free Available Chlorine (FAC) or total bromine residual (TBR) after 30 minutes contact time measure at the potable water tank? (Page 6-11)

**0.2**

4. Chlorine along with what else are approved methods for disinfecting shipboard potable water? (Page 6-11)

**Bromine**

5. How many feet at a minimum must calcium hypochlorite (HTH) lockers or bins be located away from any heat source or surface which could exceed 140°F? (Page 6-12)

**5**

6. What is the maximum amount of 6-oz calcium hypochlorite (HTH) bottles that may be stored in a locker or bin? (Page 6-12)

**48**

7. What is the shelf life of Bromine cartridges from the date of manufacture? (Page 6-12)

**2 years**

8. How many types of brominators are used in Bromine treatment installations? (Page 6-13)

**2**

9. Water received from an unapproved source, a source of doubtful quality, or an area where amebiasis or infectious hepatitis is endemic, must be chlorinated or brominated to provide at least a halogen residual (FAC/TBR) of how many parts per million (PPM) at the potable water tanks at the end of a 30-minute contact time? (Page 6-14)

**2.0**

10. Which publication provides guidance for neutralizing highly chlorinated water? (Page 6-16)

**ANSI/AWWA C652-02**

11. Potable water hoses are disinfected by filling them with a solution containing how many parts per million (PPM) Free Available Chlorine (FAC) which must remain in contact with the entire hose interior for at least 2 minutes? (Page 6-16)

**100**

12. Water can be made safe for drinking and cooking purposes by holding it at a rolling boil for at least how many minutes? (Page 6-16)

**2**

**Section 5**

1. Which type of vessels are generally exempt from routinely halogenating potable water? (Page 6-19)

**Submarines**

2. What must the submarine atmosphere be monitored for when using calcium hypochlorite (HTH)? (Page 6-19)

**Chlorine gas**

3. How many 6 oz. bottles at a minimum of calcium hypochlorite (HTH) will be carried on board SSN submarines? (Page 6-19)

**9**

4. How many 6 oz. bottles at a minimum of calcium hypochlorite (HTH) will be carried on board SSBN submarines? (Page 6-19)

**12**

5. How often at a minimum must each calcium hypochlorite (HTH) bottle be inspected? (Page 6-19)

**Every 3 months**

6. How often at a minimum must bacteriological examination of potable water be performed on a minimum of four samples representative of the distribution system? (Page 6-19)

**Weekly**

**Section 6**

1. Water vessels shall deliver potable water to receiving ships with a halogen residual of at least how many parts per million (PPM) when the source is an approved watering point? (Page 6-21)

**0.2**

2. Water transferred from the ship for human consumption will contain how many parts per million FAC? (Page 6-23)

**2.0**

3. A bacteriological analysis must be conducted no later than how many weeks prior to transferring water from the ship for human consumption? (Page 6-23)

**1**

### **Section 7**

1. How often must all emergency potable water storage tanks be drained and refilled with potable water containing a minimum trace halogen residual? (Page 6-25)

**Quarterly**

2. What should the water temperature range be when manually washing potable water containers? (Page 6-26)

**110-125°F**

3. All interior surfaces of potable water containers must be disinfected by exposure to a chemical disinfectant solution for at least how many minutes? (Page 6-26)

**2**

### **Section 8**

1. Who is responsible for surveillance of the potable water system? (Page 6-28)

**Medical Department Representative (MDR)**

2. Which type of bacteria is the indicator organism for bacteriological drinking water quality? (Page 6-28)

**Coliform**

3. Ships that can't identify a source of the bad water taste or odor should add sufficient chlorine to provide a dosage of how many parts per million (PPM) in the potable water tanks? (Page 6-30)

**5.0**

4. What has been successfully used to treat taste and odor problems associated with improperly applied potable water tank coatings? (Page 6-30)

**Steam application**

5. Which personnel will provide consultative assistance for shipboard taste and odor problems upon request? (Page 6-31)

**NAVENPVNTMEDU**

### **Section 9**

1. What is defined as any connection between two separate piping systems, one of which contains potable water, and the other contains water of unknown or questionable quality or some other substance? (Page 6-33)

**Cross-connection**

2. What is defined as the actual vertical separation between a potable water supply outlet and the highest possible level of liquid in the sink, container, tank, etc., receiving the water? (Page 6-33)

**Air Gap**

3. What is the most common type of backflow or back-siphonage prevention devices? (Page 6-33)

**Vacuum breaker**

### **Section 10**

1. What must all ice be prepared from? (Page 6-37)

**Potable water**

2. Samples of ice shall be collected from what percentage of ice machines every week for bacteriological testing? (Page 6-38)

**25%**

### **Section 11**

1. What has established Maximum Contaminant Levels (MCLs) for specific contaminants in water? (Page 6-39)

**EPA**

2. What should be contacted by afloat commands which require assistance for a water quality complaint or problem? (Page 6-39)

**Navy Environmental and Preventive Medicine Unit**

3. High pH levels at or above what level will adversely affect the disinfectant properties of chlorine or bromine? (Page 6-39)

**8.5**

4. Which department is responsible for salinity testing on ship-produced water? (Page 6-40)

**Engineering**

5. What represent the amount of halogen present in potable water following adequate disinfection? (Page 6-40)

**FAC and TBR**

6. How many parts per million FAC or TBR must be maintained by surface ships in the potable water distribution system after initial treatment? (Page 6-40)

**0.2**

7. How often should the Medical Department Representative (MDR) be testing for halogen residuals from sampling points that are varied and representative of the ship's distribution system? (Page 6-40)

**Daily**

8. How often must bacteriological testing be completed on samples collected at representative points throughout the distribution system? (Page 6-44)

**Weekly**

9. Microorganisms of which group are indicators of water contamination? (Page 6-44)

**Coliform**

10. What is defined as the growth of non-pathogenic microorganisms within the ship's potable water system? (Page 6-44)

**Biofilm**

11. What are the bacteria that make up biofilms collectively referred to as? (Page 6-45)

**Heterotrophic Plate Count (HPC) organisms**

12. In general, Heterotrophic Plate Count (HPC) levels greater than how many bacterial colonies per milliliter are an indication of a loss of microbial control within the potable water piping as well as an indication of potential interference with the coliform measurements? (Page 6-45)

**500**

13. The Medical Department Representative will maintain a how many year chronological record of potable water surveillance? (Page 6-45)

**2**

14. Which form should accompany water samples submitted for bacteriological analysis to shore facilities? (Page 6-45)

**DD 686**

**Chapter 8**

**Section 1**

1. Which term refers to organisms, primarily arthropods and rodents, which play a significant role in the transmission of disease to man, act as intermediate hosts or reservoirs of disease, present problems of sanitary or hygienic significance, or otherwise affect the health and efficiency of personnel? (Page 8-1)

**Vector**

2. What are organisms which are destructive to structures, stored products, grounds, and other material properties classified as? (Page 8-1)

**Economic pests**

3. Which reference provides basic standards and policies governing the Navy's pest control programs? (Page 8-1)

**DoD Directive 4150.7**

4. Which department is required to plan and recommend vector control measures? (Page 8-1)

**Medical**

5. Who provide basic, advanced, and refresher training for military and civilian personnel in vector and economic pest prevention and control measures? (Page 8-2)

**Disease Vector Ecology and Control Centers (DVECC) medical entomologists**



6. Which series delineates specific responsibilities of applied biologists assigned to engineering field divisions of the Naval Facilities Engineering Command? (Page 8-4)

**OPNAVINST 6250.4**

7. How often at a minimum must the senior enlisted medical department representative and the Corpsman responsible for pest control attend shipboard pest control training? (Page 8-4)

**Annually**

**Section 2**

1. What is any substance or mixture of substances intending for preventing, destroying, repelling, or mitigating any pest? (Page 8-7)

**Pesticide**

2. Which type of pesticide is used to control mites, scorpions, ticks, and related organisms? (Page 8-7)

**Acaricide**

3. Which type of insecticide is used against the egg stage of an insect? (Page 8-8)

**Ovicide**

4. What are pesticides of plant origin? (Page 8-8)

**Botanicals**

5. What are defined as chemicals that enter in the gaseous or vapor form via the respiratory system and/or through body surfaces? (Page 8-8)

**Fumigants**

6. Which type of pesticide formulations contain parasitic microorganisms or their metabolic by-products that control pests? (Page 8-8)

**Biologicals**

7. What are defined as absorptive dusts, which scratch, absorb, or abrade the waxy surface of the exoskeleton causing death by dehydration? (Page 8-8)

**Desiccants**

8. Soil sterilants are normally thought of as an herbicide treatment to control unwanted vegetation in a given area for how many or more months? (Page 8-9)

**6**

9. What are defined as compounds absorbed by and translocated throughout the host plant or animal to kill parasites sucking juice or body fluids? (Page 8-9)

**Systemics**

10. What may be used where dampness or water cause problems or where there is a need to apply insecticides in cold weather? (Page 8-9)

**Oil solutions**

11. What consists of droplets of an emulsifiable pesticide dispersed in a diluent in such a way as to prevent separation of the two components? (Page 8-9)

**Emulsion**

12. What are employed as foliage/grass sprays for application against turf pests as residuals against some stored products pests and for interior residuals in malaria control programs? (Page 8-9)

**Suspensions**

13. What is the most useful size of granules and pellets? (Page 8-10)

**15-40 mesh**

14. Which type of materials enhance the effectiveness of basic toxicant chemicals by altering their physical or chemical characteristics? (Page 8-10)

**Additives**

15. Which type of material is used to dissolve a pesticide for the preparation of a liquid formulation? (Page 8-10)

**Solvent**

16. Which type of material which, when added to a pesticide, increases the effectiveness of that pesticide? (Page 8-10)

**Synergist**

17. Aerosols are defined as a suspension of liquid or solid particles in air where the particle size generally ranges from 0.1 to 50 microns in diameter with what percentage of the particles in the 0.1 to 30 micron range? (Page 8-11)

**80%**

18. What are defined as dispersed particles in which the particles are intermediate in size between those of aerosols and fine sprays? (Page 8-11)

**Mists**

19. How many microns in diameter are fine spray droplets? (Page 8-11)

**100-400**

20. How many microns in diameter are coarse spray droplets at a minimum? (Page 8-11)

**400**

21. What is the most expensive yet least permanent of the various methods of pest control? (Page 8-12)

**Chemical control**

22. Pesticide resistance has been reported for more than how many species of arthropods? (Page 8-13)

**225**

### Section 3

1. How often at a minimum should bait stations be checked? (Page 8-17)

**Monthly**

2. How often at a minimum should bait stations be checked if rodent activity is noticed? (Page 8-17)

**Weekly**

3. Which signal word should be on Highly Toxic pesticides? (Page 8-16)

**Danger**

4. Which signal word should be on Moderately Toxic pesticides? (Page 8-16)

**Warning**

5. Which signal word should be on Slightly Toxic pesticides? (Page 8-16)

**Caution**

6. What is the approximate amount of a highly toxic (0-50 mg/kg) pesticide needed to kill the average person? (Page 8-16)

**Taste-teaspoonful**

### Section 4

1. Which type of approved respiratory device is necessary any time inhalation of pesticides can occur? (Page 8-19)

**National Institute of Occupational Safety and Health (NIOSH)**

2. Respirator cartridges should be changed out every how many hours of use at a minimum? (Page 8-19)

**8**

3. Respirator cartridges should be changed out every how many hours of use at a minimum during heavy pesticide spraying? (Page 8-19)

**4**

4. How many minutes or less does it take for the body to absorb pesticides? (Page 8-20)

**15**

5. Pesticide storage areas should be insulated to prevent exposure to temperatures in excess of what? (Page 8-21)

**100°F**

6. Combustible liquids are those with flash points greater than what temperature? (Page 8-22)

**100°F**

7. Flammable liquids are those with flash points less than what temperature? (Page 8-22)

**100°F**

8. What is the maximum allowable distance permitted for travel to an accessible fire extinguisher for flammable liquids? (Page 8-22)

**50'**

9. What is defined as the removal of the toxicant to a disposal area? (Page 8-22)

**Decontamination**

### Section 5

1. What keeps the patient alive until specific antidotes can be given and take effect, or until the body has sufficient time to metabolize and detoxify the poison? (Page 8-25)

**Supportive therapy**

2. How many minutes at a minimum must the eye be washed with a gentle stream of water if they are contaminated with a pesticide? (Page 8-25)

**5**

3. Which type of pesticides cause irreversible cholinesterase inhibition? (Page 8-25)

**Organophosphorus**

**Section 6**

1. Which fly species is capable of transmitting disease-producing organisms via its vomitus and excrement, and on its contaminated feet, body hairs, and mouth parts? (Page 8-29)

**House fly**

2. Blowfly larvae sometimes develop in wounds or natural body openings causing which condition? (Page 8-29)

**Myiasis**

3. Which type of fly transmit the protozoan trypanosomes that cause human African sleeping sickness? (Page 8-29)

**Tsetse**

4. What is transmitted by horse and deer flies? (Page 8-30)

**Tularemia**

5. Which type of non-biting flies are attracted to wounds, pus, and secretions around the eyes and nose? (Page 8-30)

**Eye gnats**

6. How many major developmental stages do all flies have? (Page 8-30)

**4**

7. Which type of fly is possibly the most widely distributed insect pest of importance to mankind? (Page 8-30)

**House fly**

8. Up to how many batches of eggs at 3 to 4 day intervals can be laid by the female house fly? (Page 8-30)

**20**

9. How many hours does it take under favorable conditions for house fly eggs to hatch? (Page 8-30)

**8-12**

10. Which type of flies are identifiable by their large metallic shining blue, green, or black abdomens? (Page 8-30)

**Blowflies**

11. How many days is the average lifecycle of the blowfly? (Page 8-31)

**9-25**

12. Which color in appearance are flesh flies? (Page 8-31)

**Medium gray**

13. Which type of flies cause obligate myiasis? (Page 8-31)

**Bot and Warble**

14. Bot and Warble flies larval development requires how many months? (Page 8-31)

**10-11**

15. How many days does stable fly development take? (Page 8-31)

**21-25**

16. Which type of flies are easily recognizable by the way in which they fold their wings scissor-like above the abdomen when resting, the characteristic discal cell (cleaver shaped) in the wing, and the prominent biting mouthparts? (Page 8-32)

**Tsetse**

17. Sand flies rarely exceed how many mm in length? (Page 8-32)

**5**

18. Which type of bloodsucking flies are often called no-see-ums, or punkies? (Page 8-33)

**Biting Midges**

19. Which type of flies inflict exceedingly painful bites and, when numerous, seriously interfere with outdoor operations or recreation? (Page 8-33)

**Horse and Deer**

20. Larvicides should be applied until the breeding medium is saturated to a depth of how many inches? (Page 8-34)

**2-3"**

21. Which type of formulas should not be used on tents because they will break down the waterproofing and cause them to leak during subsequent rains? (Page 8-36)

**Emulsion**

22. Which insects rank first in importance among the insects that transmit diseases to man? (Page 8-38)

**Mosquitoes**

23. Aedes, Anopheles, along with which other mosquito genera are the most frequently associated with disease transmission? (Page 8-38)

**Culex**

24. What are recommended for interior control of mosquitoes when immediate eradication is required? (Page 8-39)

**Space sprays**

25. Which size of mesh should be used to protect living quarters in permanent or semi-permanent camps? (Page 8-40)

**18**

26. What is the infestation of lice on a human host termed? (Page 8-40)

**Pediculosis**

27. How many species of lice infect man? (Page 8-40)

**3**

28. What is the size of the average bedbug? (Page 8-41)

**6 mm**

29. What is the only thing bedbugs feed on? (Page 8-41)

**Blood**

30. What are probably the most common and persistently troublesome arthropod pest encountered indoors? (Page 8-42)

**Cockroaches**

31. Which phobia is the fear of insects? (Page 8-42)

**Entomophobia**

32. What is the life span of the German cockroach? (Page 8-42)

**6-10 months**

33. What is the most common indoor species of cockroaches especially in and around food service spaces and facilities? (Page 8-42)

**German**

34. Which type of cockroach prefers living rooms, dining rooms, bedrooms, and is a common pest in hotels and motels and is often found in hospital wards? (Page 8-43)

**Brown-banded**

35. How often should cockroach surveys be conducted aboard ships by the Medical Department Representative (MDR)? (Page 8-44)

**Every 2 weeks**

36. What is an effective, environmentally sound method of cockroach control? (Page 8-45)

**Bait application**

37. Which series requires all locally procured pesticides and equipment be technically reviewed and approved before procurement? (Page 8-47)

**OPNAVINST 6250.4**

38. Stored products pests include over how many different species of insects? (Page 8-47)

**100**

39. How often must infestible products near or past the inspection test date be checked to find insects before they destroy the product and contaminate other products on the ship or in the storage facility? (Page 8-48)

**Monthly**

40. How often should the Medical Department Representative (MDR) conduct a stored product pest survey? (Page 8-48)

**Monthly**

41. What are defined as chemicals secreted by an organism that cause a specific reaction by the other members of the same species? (Page 8-48)

**Pheromones**

42. Which form must be submitted to the nearest entomologist, along with the insects to correctly identify the infesting insects and to document the occurrence of a product infestation? (Page 8-48)

**DD 12222**

43. Freezing an infested product that is still consumable for how many weeks will kill all life stages of the insects except for the eggs? (Page 8-48)

**2**

44. Which series outlines allowable levels of product infestation? (Page 8-48)

**MIL-STD 904**

45. Mites of medical importance may be classified into how many different groups based upon their habitats? (Page 8-49)

**4**

46. How many developmental stages do mites go through after hatching from their eggs? (Page 8-49)

**3**

47. Where is the only place Chiggers customarily live? (Page 8-50)

**Damp shaded soil**

48. How many stages are there in the development of a tick? (Page 8-50)

**4**

49. Which type of flea does the fertilized female burrow into the skin of its host, particularly between the toes, under the toenails, and in the tender part of the feet? (Page 8-52)

**Chigoe**

50. Approximately how many ounces does the Norway rat weigh? (Page 8-54)

**10-17**

51. Which type of rats prefer seeds, cereals, vegetables, fruit and grass, but may subsist on leather goods, chocolate, and even weaker members of its own kind? (Page 8-54)

**Roof**

52. How many days on average does it take rodents to accept traps as part of the environment? (Page 8-55)

**2-3**

53. How many inches in diameter at a minimum should rat guards be? (Page 8-56)

**36**

54. How many feet from the closest point to the shore should rat guards be mounted? (Page 8-56)

**6**

55. How many feet at a minimum should gangways and other means of access to the vessel be separated from the shore unless guarded to prevent rodent movement? (Page 8-56)

**6**

56. What are the method of choice for rodent infestations aboard ship? (Page 8-56)

**Glue boards and snap traps**

57. Which series details the requirements for a de-ratization certification? (Page 8-56)

**BUMEDINST 6250.14**

58. Residual insecticide application is only authorized when in port and when outboard ventilation is possible for a minimum of how many hours? (Page 8-56)

**24**

59. Up to how many combat bait stations may be onboard submarines? (Page 8-56)

**144**

60. Approximately how many deaths per year result from venomous arthropods? (Page 8-57)

**30**

61. Approximately how many deaths per year result from poisonous reptiles? (Page 8-57)

**14**

62. Venoms produced by arthropods are mixtures of how many toxic types? (Page 8-57)

**4**

63. Which spider has venom which is strongly hemolytic and vesicating causing progressive tissue necrosis? (Page 8-57)

**Loxosceles reclusa**

64. Which fluid exuded by blister beetles causes formation of serious blisters that eventually break causing satellite blisters? (Page 8-57)

**Cantharidin**

65. Anaphylactic shock is treated by the use of a tourniquet and subcutaneous injections of what? (Page 8-59)

**Epinephrine**

66. How often may supplementary applications of DEET be necessary after initial application depending on loss through sweating, wading, contact, or similar activities? (Page 8-60)

**Every 6-10 hours**

67. How many wash cycles does permethrin remain effective on clothing? (Page 8-60)

**6**

## Section 7

1. Which series defines disinsection on vessels and aircraft? (Page 8-61)

**SECNAVINST 6210.2**

2. Which procedures include measures designed to prevent dissemination of disease organisms infective to plants, animals, and/or man? (Page 8-62)

**Quarantine**

**Section 8**

1. How many gallons of pesticide can most backpack sprayers hold? (Page 8-64)

**2.5**

2. Up to how many acres can be sprayed depending on the pesticide application rate by the Navy Pesticide Aerial Cargo Unit Number 9 (PACU-9) with its 60 gallon tank? (Page 8-65)

**7,500**

3. Up to how many acres can be sprayed depending on the pesticide application rate by the Army Pesticide Dispersal Unit (PDU) with its 150 gallon tank? (Page 8-65)

**19,000**

4. What is the only authorized fixed wing aerial spray system in the Department of Defense? (Page 8-65)

**Air Force Modular Aerial Spray System (MASS)**

5. Up to how many acres can be sprayed depending on the pesticide application rate by the Air Force Modular Aerial Spray System (MASS) with its 2,000 gallon tank? (Page 8-65)

**250,000**

**Chapter 9**

**Section 1**

1. Which personnel have the primary mission of preserving unit combat effectiveness by providing informed technical information to the Commanding Officer or Officer in Charge concerning preventive medicine and environmental health? (Page 9-1)

**Preventive Medicine (PREVMED)**

2. What is one of the most important functions of any military medical service? (Page 9-2)

**Disease prevention**

3. Over how many hospital admissions in World War II were caused by cold injuries? (Page 9-2)

**90,000**

4. Over how many man-days were lost during World War II due to arthropod born diseases? (Page 9-2)

**16.5 million**

5. Which centers prepare in-depth Disease Vector Risk Assessment Profiles? (Page 9-3)

**Navy Disease Vector Ecology and Control Centers (NAVDISECTECOLCONCENS)**

6. Which report provides information to the Commanding Officer (CO) about the course of events during the deployment and presents problems as they occurred? (Page 9-3)

**After Action Report (AAR)**

7. How many phases should the After Action Report (AAR) be separated into? (Page 9-3)

**3**

8. Within how many days after mission completion must personnel deployed for less than 6 months submit their After Action Report (AAR)? (Page 9-3)

**15**

9. Within how many days after mission completion must personnel deployed for 6 or more months submit their After Action Report (AAR)? (Page 9-3)

**30**

**Section 2**

1. Who are responsible for providing sufficient potable water for the population to be served? (Page 9-4)

**Engineers**

2. Which type of water includes lakes, rivers, streams, and ponds? (Page 9-5)

**Surface**

3. How many feet at a minimum must ground water sources be located from all existing sources of contamination as well as being situated so that the drainage is away from the well or spring? (Page 9-5)

**100'**

4. What is usually used to accomplish desalinization of salt water? (Page 9-5)

**Reverse Osmosis Water Purification Unit (ROWPU)**

5. What is the most common field water purification system in use? (Page 9-5)

**Reverse Osmosis Water Purification Unit (ROWPU)**

6. What is a transportable quick-response water purification system capable of aerating, clarifying, filtering and disinfecting contaminated water? (Page 9-5)

**ERDLATOR**

7. What is the most common method of disinfecting potable water? (Page 9-6)

**Chlorination**

8. What is the preferred type of chlorine agent because it comes in granular form, has a long shelf-life, and is readily available from the Navy stock system? (Page 9-6)

**Calcium hypochlorite**

9. What is the most common type of chlorine agent used by municipal water treatment plants? (Page 9-7)

**Chlorine gas**

10. Which process is used to disinfect water containers and distribution systems initially (before they are used) or when they have become contaminated? (Page 9-8)

**Superchlorination**

11. Superchlorination is accomplished by chlorinating the water in a container or distribution system to at least 100 ppm FAC and holding it in the container for how many hours? (Page 9-8)

**4**

12. A rule of thumb for the minimum amount of water required for advanced base medical facilities is how many gallons per medical treatment bed per day? (Page 9-9)

**65**

13. How often at a minimum must the FAC residual of all water supplies be determined? (Page 9-9)

**Daily**

14. How often at a minimum must field water supplies be bacteriologically tested? (Page 9-10)

**Weekly**

### Section 3

1. Who is responsible for inspecting all food items at the time of receipt? (Page 9-12)

**Food Service Officer (FSO)**

2. How often per day at a minimum must all bulk storage refrigerators/freezer temperatures be read? (Page 9-12)

**3**

3. How often at a minimum should refrigerated space be emptied and thoroughly cleaned? (Page 9-12)

**Weekly**

4. Field reefers, as a general rule, will be maintained at or below what temperature? (Page 9-12)

**40°F**

5. Room temperature must not exceed which temperature when thawing frozen foods at room temperature? (Page 9-12)

**80°F**

6. Potentially Hazardous Foods (PHFs) which have been held between 40°F and 140°F for more than how many cumulative hours must be disposed of as garbage? (Page 9-14)

**4**

7. How many metal GI cans are used to set up a field dishwashing unit? (Page 9-14)

**5**

8. In emergency situations where hot water is not available, messing utensils can be sanitized by immersion in a 50 ppm FAC solution for how many seconds? (Page 9-15)

**60**

9. What must be constructed to dispose of waste water from the food service area in the field? (Page 9-15)

**Soakage pits**

10. What is the current Meal Ready to Eat (MRE) shelf life? (Page 9-15)

**48 months**

11. What are the main components of T-Rations? (Page 9-15)

**Tray packs**

12. Up to how many servings of food can be provided by tray packs? (Page 9-15)

**36**

**Section 4**

1. Which personnel should provide technical assistance in the fabrication, location, and maintenance of field waste disposal facilities? (Page 9-17)

**Medical department**

2. How often at a minimum must Preventive Medicine (PREVMED) personnel inspect field waste disposal facilities to ensure they are being run in a sanitary manner? (Page 9-17)

**Daily**

3. How many inches deep are cat holes? (Page 9-17)

**6-12"**

4. How deep are straddle trenches? (Page 9-18)

**2.5'**

5. How many feet away should latrines be from the nearest natural water source? (Page 9-18)

**100'**

6. How many feet away should latrines be from the nearest berthing area? (Page 9-18)

**50'**

7. How many yards away should latrines be from the nearest food service area? (Page 9-18)

**100**

8. How many people are straddle trench latrines designed to accommodate? (Page 9-18)

**25**

9. How deep should the pit for a deep pit latrine be at a maximum? (Page 9-18)

**6'**

10. Which type of latrine is desirable where the soil conditions are hard, rocky or frozen? (Page 9-18)

**Burn-Barrel**

11. How many feet deep is an 18 inch diameter hole bored down for bored hole latrines? (Page 9-20)

**15-20'**

12. How many men are served by one urinoil? (Page 9-22)

**100**

13. Up to how many people can be served by one soakage pit? (Page 9-24)

**200**

14. What is the most effective device for removing grease between the field mess and each soakage pit? (Page 9-26)

**Baffle grease trap**

15. Burials for garbage must be at least how many feet away from any natural water source and from the field mess? (Page 9-26)

**100'**

16. How many people will pits service for one day for garbage needs? (Page 9-26)

**100**

17. What is constructed to dispose of garbage when staying for 2 or more days in one location? (Page 9-26)

**Continuous trench**

18. Which garbage disposal method is often used in camps that will be used for a week or more? (Page 9-27)

**Incineration**

19. How many feet at a minimum must incinerators be located away from the camp area and flammables? (Page 9-27)

**50'**

20. What is defined as dry, disposable waste resulting from almost all of man's activities? (Page 9-27)

**Rubbish**

**Section 5**

1. What dictates the direction of heat flow from (or to) the body? (Page 9-29)

**Ambient air temperature**

2. Which type of heat is produced by the reflective energy of the sun or equipment in close proximity to a human body? (Page 9-29)

**Radiant**

3. Alcohol should not be consumed for how many hours prior to heat stress? (Page 9-29)

**24**

4. Heat cramps primarily result from the excessive loss of which substance through sweating? (Page 9-30)

**Salt**



5. Which condition occurs when there is excessive pooling of the blood in the extremities making it so the brain does not receive enough blood? (Page 9-30)

**Heat Syncope**

6. Which condition results from peripheral vascular collapse due to excessive water and salt depletion? (Page 9-30)

**Heat exhaustion**

7. What should not be used to treat heat exhaustion? (Page 9-30)

**Aspirin**

8. Which condition results from the collapse of the thermal regulatory mechanism? (Page 9-30)

**Heatstroke**

9. What is the optimal period for heat acclimatization? (Page 9-30)

**3 weeks**

10. What is the single most important factor in avoidance of heat injury? (Page 9-31)

**Adequate water intake**

11. How many minute intervals should personnel exposed to heat consume water? (Page 9-31)

**10-20**

12. What is the optimum temperature range for drinking water? (Page 9-31)

**50-60°F**

13. What is the most effective means of assessing the effect of heat stress on the human body? (Page 9-31)

**Wet Bulb, Globe Temperature (WBGT) Index**

14. Which color flag is flown when the Wet Bulb, Globe Temperature (WBGT) Index is less than 80? (Page 9-31)

**White**

15. Which color flag is flown when the Wet Bulb, Globe Temperature (WBGT) Index is between 80 and 84.9? (Page 9-31)

**Green**

16. Which color flag is flown when the Wet Bulb, Globe Temperature (WBGT) Index is between 85 and 87.9? (Page 9-31)

**Yellow**

17. Which color flag is flown when the Wet Bulb, Globe Temperature (WBGT) Index is between 88 and 89.9? (Page 9-31)

**Red**

18. Which color flag is flown when the Wet Bulb, Globe Temperature (WBGT) Index is at or above 90? (Page 9-31)

**Black**

19. How many points are added to the measured WBGT when wearing body armor or NBC protective uniforms? (Page 9-31)

**10**

## Section 6

1. Cold injuries are more likely to occur in “front line” troops and predominately those below which rank? (Page 9-32)

**E-4**

2. Immersion syndrome is a serious condition which may occur in as little as 24 hours in environments where the water is below what temperature? (Page 9-33)

**50°F**

3. Which condition occurs from exposure to ambient or wind-chill temperature below freezing? (Page 9-33)

**Frostbite**

4. Which condition is the general cooling of the body’s core temperature? (Page 9-33)

**Hypothermia**

5. How many minutes can hypothermia happen under extreme conditions? (Page 9-33)

**5**

6. What percentage of body heat loss can be through the head? (Page 9-34)

**75%**

## Section 7

1. Which type of diseases are transmitted from a carrier to a susceptible host? (Page 9-34)

**Communicable**

Test your knowledge online at [NavyBMR.com](http://NavyBMR.com)

2. What is the key to a successful disease control program? (Page 9-35)

**Prevention**

3. Which type of diseases are transmitted under natural conditions from vertebrate animals to man either directly or indirectly by vector borne means? (Page 9-36)

**Zoonotic**

4. What is an infestation of lice on various parts of the body? (Page 9-36)

**Pediculosis**

5. What is an infectious disease of the skin caused by a mite? (Page 9-36)

**Scabies**

6. Which series contains regulations pertaining to communicable disease reporting? (Page 9-36)

**NAVMECOMINST 6220.2**

## NAVMED P-5041, TREATMENT OF CHEMICAL AGENT CASUALTIES AND CONVENTIONAL MILITARY CHEMICAL INJURIES

### Chapter 1

1. Which year was the Chemical Weapons Convention (CWC) signed by 130 countries? (Page 1-1)

**1993**

2. Which type of agents inhibit the cholinesterase enzymes? (Page 1-2)

**Nerve**

3. Which type of agents produce pain and injury to the eyes, reddening and blistering of the skin, and when inhaled, damage to the mucous membranes and respiratory tract? (Page 1-2)

**Blister**

4. Which type of blister agent may produce major destruction of the epidermal layer of the skin? (Page 1-2)

**Mustard**

5. Which type of agents produce injury to the lungs, eye irritation, and injure the respiratory tract? (Page 1-2)

**Choking**

6. Which type of agents are transported by the blood to all body tissues where the agent blocks the oxidative processes, preventing tissue cells from utilizing oxygen? (Page 1-2)

**Blood**

7. Which Mission-Oriented Protective Posture (MOPP) level will be immediately assumed when entering an area known to be or suspected of being contaminated with an NBC agent? (Page 1-2)

**MOPP 4**

8. What must be used when an MTF is expected to operate in an NBC contaminated area? (Page 1-3)

**Collective Protective Shelters (CPS)**

9. What performs water purification in the U.S. Army? (Page 1-3)

**Quartermaster water purification units**

10. How many degrees should be added to the Wet Bulb Globe Temperature (WBGT) index at MOPP 4? (Page 1-3)

**10°F**

11. Which type of Chemical Agent Detector Paper can be used to detect and identify liquid V- and G-type nerve agents as well as H-type blister agents? (Page 1-3)

**VGH ABC-M8**

12. Which type of Chemical Agent Detector Paper detects the presence of liquid nerve agents and blister agents but doesn't distinguish between the types of agent involved? (Page 1-4)

**M9E1**

13. What consists of those procedures for optimizing medical care to ensure the maximum return to duty (RTD) on the battlefield? (Page 1-4)

**Medical Management**

14. Which type of skin decontaminating kits should be used to decontaminate the skin following contamination with vesicants or nerve agents? (Page 1-4)

**M291 or M258A 1**

15. How many packets does the M291 kit contain which can do 3 complete skin decontaminations? (Page 1-4)

**6**

16. How many packets does the M258A1 kit contain? (Page 1-4)

**6**

17. Which type of first-aid measures can service members apply in helping themselves? (Page 1-5)

**Self-Aid**

18. Which type of first-aid consists of emergency actions undertaken by individuals to restore or maintain vital body functions in a casualty? (Page 1-5)

**Buddy Aid**

19. What consists of those procedures undertaken to return soldiers to duty, to save life and limb, and to stabilize the patient for evacuation to the next level of medical care? (Page 1-5)

**Medical treatment**

20. Which type of agent smells like garlic or horseradish? (Page 1-6)

**Mustard**

21. Which type of agent smells like green corn, grass, or new-mown hay? (Page 1-6)

**Phosgene**

22. Which type of agent smells like faint bitter almonds? (Page 1-6)

**Hydrogen cyanide**

23. Which type of agents smell like burning fireworks? (Page 1-6)

**Vomiting**

## Chapter 2

1. Which type of agents are among the deadliest of chemical agents and may produce rapid symptoms? (Page 2-1)

**Nerve**

2. What is the most rapid and effective route of nerve agent absorption? (Page 2-1)

**Inhalation**

3. Within how many seconds after the first warning of a nerve agent presence should personnel hold their breath and don their protective mask to prevent inhaling an incapacitating or lethal dose? (Page 2-1)

**9**

4. Which skin decontamination kits can be used to effectively remove a nerve agent from the skin? (Page 2-2)

**M291 or M258A1**

5. Which enzymes do nerve agents inhibit throughout the body? (Page 2-2)

**Cholinesterase**

6. What is the earliest ocular effect which follows minimal symptomatic exposure to nerve vapor? (Page 2-2)

**Miosis**

7. How many hours does Miosis last following minimal symptomatic exposure to nerve vapor? (Page 2-2)

**24-72**

8. How many days can Miosis last following severe symptomatic exposure to nerve vapor? (Page 2-2)

**14**

9. What is an early local symptom of respiratory exposure to nerve agents? (Page 2-5)

**Chest tightness**

10. How many 2 PAM C1 auto injectors are issued to Navy personnel? (Page 2-8)

**3**

11. Which type of drug acts by blocking the effects of acetylcholine at muscarinic receptors and produces relief from many nerve agent symptoms? (Page 2-9)

**Atropine**

12. Which oxime increases the effectiveness of drug therapy in poisoning by some but not all cholinesterase inhibitors? (Page 2-9)

**2 PAM C1**

13. Which nerve agent is 2 PAM C1 least effective against? (Page 2-9)

**Soman (GD)**

14. What antagonizes the convulsive action of nerve agents? (Page 2-9)

**Diazepam**

15. How many minutes does it take for a 2-mg intramuscular (IM) injection of Atropine to reach its peak effectiveness? (Page 2-9)

**3-10**

16. How many minutes does it take for a 600-mg intramuscular (IM) injection of 2 PAM C1 to be effective? (Page 2-9)

**6-8**

17. How many minutes does it take for a 10-mg intramuscular (IM) injection in the thigh of Diazepam to produce significant plasma levels? (Page 2-9)

**10**

18. As much as how many milligrams of atropine may be required for treatment in a 24-hour period in the presence of severe nerve agent poisoning? (Page 2-11)

**50**

19. The administration of a single dose of 10 mg of Diazepam to an individual who has absorbed minimal to no nerve agent produces significant performance decrements for about how many hours? (Page 2-11)

**2-5**

20. How many components does the MARK I kit consist of? (Page 2-12)

**4**

21. How many sets of the MARK I kit for the treatment of nerve agent poisoning is each person in the U.S. Army and the U.S. Air Force authorized to carry? (Page 2-12)

**3**

22. Around which temperature do the atropine and 2 PAM Cl solutions freeze at? (Page 2-12)

**30°F**

23. What is intended to prevent or ameliorate convulsions in moderate to severe nerve agent poisoning cases? (Page 2-13)

**Diazepam (CANA)**

24. How many tablets does the Nerve Agent Pyridostigmine Pretreatment (NAPP) set consist of? (Page 2-15)

**21**

25. How many hours prior to nerve agent exposure should Nerve Agent Pyridostigmine Pretreatment (NAPP) medication be taken? (Page 2-15)

**8**

26. How many Nerve Agent Pyridostigmine Pretreatments (NAPPs) is each service member initially issued when the chemical protective ensemble is expected to be opened for use? (Page 2-16)

**1**

27. What protects acetylcholinesterase against nerve agents? (Page 2-16)

**Pyridostigmine**

28. Pyridostigmine significantly enhances the efficacy of the MARK I within how many hours after taking the first tablet? (Page 2-16)

**1-3**

29. Administration of Nerve Agent Pyridostigmine Pretreatment (NAPP) beyond how many days is not recommended without a thorough evaluation of the situation and recommendation of the medical authority? (Page 2-18)

**14**

30. How many weeks worth of Nerve Agent Pyridostigmine Pretreatment (NAPP) supply will be maintained by units for each member? (Page 2-18)

**2**

31. Which temperature range should Nerve Agent Pyridostigmine Pretreatment (NAPP) be stored at? (Page 2-18)

**35°F-46°F**

## **Chapter 5**

1. Which type of agents attack lung tissue? (Page 5-1)

**Choking**

2. What is the boiling point of phosgene (CG)? (Page 5-1)

**47°F**

3. What does phosgene (CG) vaguely smell like? (Page 5-1)

**Freshly mown hay**

4. Deaths from phosgene (CG) usually occur within the first how many hours? (Page 5-2)

**48**

## **Chapter 8**

1. What are used to obscure vision, hide troops, equipment, and areas from detection? (Page 8-1)

**Smokes**

2. Which type of smokes are the least toxic? (Page 8-1)

**Petroleum oil**

3. Which type of smoke mixture is a heavy, strongly acid liquid which, when dispersed in the air, absorbs moisture to form a dense white fog consisting of small droplets of hydrochloric and sulfuric acids? (Page 8-2)

**Sulfur trioxide-chlorosulfonic acid**

4. What is a corrosive which decomposes on contact with moist air, yielding a dense white smoke composed of titanium dioxide, titanium oxychloride, and hydrochloric acid? (Page 8-2)

**Liquid titanium tetrachloride (FM)**

5. Which substance is a pale yellow waxy solid which spontaneously ignites on contact with air? (Page 8-3)

**White phosphorus**

## NMCPHC-TM 6220.12, MEDICAL SURVEILLANCE AND REPORTING

(10 Questions)

1. Which reference defines medical surveillance? (Page 1)

**DoD Directive 6490.02E**

2. Which type of events, usually disease or etiologic agent specific, may pose an inherent, significant threat to public health and military operations? (Page 1)

**Reportable Medical Events (RME)**

3. What publishes the agreed upon Reportable Medical Events (RME) list along with specific case definitions as the Armed Forces Reportable Medical Events Guidelines and Case Definitions? (Page 1)

**Armed Forces Health Surveillance Center (AFHSC)**

4. Which instruction requires any medical event that meets the case definition of a reportable event to be reported? (Page 2)

**BUMEDINST 6220.12**

5. Urgent medical event reports are required within how many hours for some events? (Page 2)

**24**

6. How many calendar days must routine reports for all non-urgent medical events be submitted after their identification? (Page 2)

**7**

7. What is the Navy's official system to submit, view and track Medical Event Reports? (Page 2)

**Disease Reporting System Internet (DRSi)**

8. Which type of surveillance involves monitoring the incidence of specific pre-diagnostic syndromes and injury occurring in specific populations to identify important clusters of disease/injury at the earliest time possible? (Page 3)

**Syndromic and Categorical Injury Surveillance**

9. Which program will be used to compile and submit manual reports of their unit's D&I information to the NMCPHC? (Page 4)

**Microsoft Excel**

10. What are the Navy's primary consultative resource for disease/outbreak confirmation and response assistance including implementation of prevention and control measures? (Page 5)

**Navy Environmental and Preventive Medicine Units (NEPMUs)**

## OPNAVINST 10110.1, NUTRITION AND MENU STANDARDS FOR HUMAN PERFORMANCE OPTIMIZATION

(44 Questions)

### Chapter 1: Introduction

1. Which regulation identifies the effects of environmental factors on energy and nutrient requirements and outlines nutrition educational policy? (Page 1)

**OPNAVINST 10110.1**

2. Who exercises DOD responsibility for nutrition standards and education? (Page 1)

**Surgeon General (SG)**

3. What must be established for meals served to military personnel subsisting under normal operating conditions, training conditions, and while under simulated or actual combat conditions? (Page 1)

**Nutrition Standards (MDRI's)**

4. At a minimum, OPNAVINST 10110.1 will be reviewed every how many years to ensure alignment of military and national nutrition standards? (Page 1)

**5**

### Chapter 2: Nutrition and Menu Standards

1. A technical report by what, in collaboration with the Navy and Air Force, will detail the basis for MDRIs? (Page 3)

**USARIEM**

2. MDRIs are which type of estimates of nutrient intakes to be used for planning and assessing diets for the healthy military population? (Page 3)

**Quantitative**

3. Nearly all nutrients have an established recommended dietary allowance or adequate intake. In addition, nearly all nutrients have a tolerable upper limit (UL). Exceptions for military populations will be approved by whom acting as executive manager? (Page 3)

**TSG, DA**

4. MDRIs will be met, when averaged, over a 5- to how many-day period? (Page 3)

**10**

5. Which type of allowances are designed to allow active duty Service-members to maintain body weight under varying levels of physical activity in a temperate environment? (Page 3)

**Energy**

6. NSORs and what else are intended for use by the ration developers in planning and procurement of individual and group field rations for the healthy Warfighter? (Page 3)

**NSRR's**

7. NSOR's are considered nutritionally complete values for rations intended to provide sole-source sustenance to the Warfighter during long-term consumption periods lasting up to how many consecutive days? (Page 3)

**21**

8. Operational ration menus will be designed so the menus, when averaged, meet the NSOR. The calculated or assayed nutrient content of edible portions of food as offered for consumption will be compared to the NSOR. Total calories from fat should not exceed what percent of calories for these rations? (Page 3)

**30%**

9. What augments daily operational rations with additional components tailored to particular environments? (Page 3)

**Modular Operational Ration Enhancement (MORE)**

10. How many types of Modular Operational Ration Enhancement (MORE) packs are available? (Page 4)

**2**

11. Each type of Modular Operational Ration Enhancement (MORE) pack provides approximately how many additional calories? (Page 4)

**1100**

12. Restricted rations are nutritionally incomplete rations used in certain operational scenarios, such as long-range patrol and reconnaissance, when Servicemembers are exposed to extreme environments or required to subsist for short periods (up to how many days) carrying minimal weight? (Page 4)

**10**

13. The NSRR micronutrient content was calculated as which amount of the current NSOR? (Page 4)  
**50%**
14. Survival rations include the Food Packet, Survival, General Purpose (1400 calories); the Food Packet, Survival, Abandon Ship (2400 calories); and the Food Packet, Survival, Air-craft/Life Raft ration (how many calories)? (Page 4)  
**300**
15. Basic nutrient information on all rations is available in which NATICK Pamphlet? (Page 4)  
**30-25**
16. MDRI for energy are calculated to represent the average needs of individuals with reference body heights and weights. These reference measures of height and weight represent which percentile of military men and women? (Page 4)  
**50<sup>th</sup>**
17. Reference measures for weight and height of military members are 187 pounds and 69 inches for men and 152 pounds and how many inches for women? (Page 4)  
**64**
18. Servicemembers doing heavy work or involved in pro-longed, vigorous physical training may have energy requirements that exceed what percent of the MDRI for energy? (Page 4)  
**125%**
19. MDRI for energy are established for personnel working in which type of climates? (Page 4)  
**Temperate**
20. Associated maneuvers through extreme terrain may increase requirements by approximately what percent compared to similar maneuvers conducted on a solid grassy plot? (Page 4)  
**25%**
21. During long periods of intense physical activity, MDRI for carbohydrate requirements range from 1.8 to how many grams (g) of carbohydrate per pound of body weight? (Page 4)  
**3.6**
22. MDRI for protein are based on levels established in the DRI and on requirements during long periods of intense physical activity or periods of energy imbalance. They range from 0.8 to how many g protein per kg body weight? (Page 5)  
**1.6**
23. Approximately what percent or less of the total calories should be consumed as fat? (Page 5)  
**30%**
24. MDRI for fiber equate with the current DRI, 34 g per day for men and how many g per day for women? (Page 5)  
**28**
25. MDRI for iron reflect the DRI, 8 milligrams (mg) per day for men and how many mg per day for women? (Page 5)  
**18**
26. During periods of light to moderate activity in a temperate climate (less than 30 degrees Celsius/86 degrees Fahrenheit), an average daily fluid in-take range of how many quarts of fluid is a reasonable goal? (Page 5)  
**2 to 5**
27. The use of carbohydrate-electrolyte beverages is justified when troops maintain vigorous physical activity for more than how many hours? (Page 5)  
**3**
28. The use of carbohydrate-electrolyte beverages is justified when troops have poor nutritional intake or sustain an energy deficit of how many calories or more per day? (Page 5)  
**1,000**
29. Appropriated fund food service operations will not offer dietary supplements or any products that have fortification or enrichment in excess of 100 percent of the daily value or contain more than how many mg of caffeine per single serving? (Page 6)  
**100**
30. The recommended dose of caffeine for operational utility is 100 to how many mg? (Page 6)  
**200**
31. Warfighters should stop ingestion of caffeine products at least how many hours before sleep periods to ensure sleep is not adversely affected by caffeine intake? (Page 6)  
**6**



32. What illustrates the five food groups that are the building blocks for a healthy diet, using a familiar image-a place setting for a meal? (Page 6)

**Choose My Plate**

33. What is critical to maintain adequate energy before, during, and after missions to improve performance, sleep, and reduce recovery time? (Page 7)

**Nutrient timing**

34. In support of HPO, each garrison military dining facility will offer reduced calorie menus (1,500 to 1,600 calories a day), reflecting the guidelines of ChooseMyPlate.gov to help maintain the weight of the Force T-0). Total fat should not exceed 30 percent of the energy value. Each meal should contain approximately how many calories? (Page 7)

**500**

35. In support of HPO, garrison military dining facilities serving populations with high energy expenditures, such as initial entry trainees, will offer a reduced calorie menu containing how many calories per meal? (Page 7)

**600 to 700**

**Chapter 3: Nutrition Education for Human Performance Optimization**

1. In order to maintain health and optimize human performance, all Services will provide Servicemembers with a fundamental knowledge of nutrition during which period? (Page 7)

**Initial military training**

2. To provide a consistent message, nutrition education will incorporate which website and the current Dietary Guidelines for Americans from the USDA and U.S. Department of Health and Human Services? (Page 7)

**ChooseMyPlate.gov**

3. Military food establishments will provide a variety of healthy food and beverage choices for all members and use color coded nutritional labeling such as what to reinforce the nutrition message and to encourage healthy eating habits? (Page 7)

**Go for Green®**

4. The Services will provide comprehensive weight management programs to train the Service-member for effective weight management. At a minimum, these programs will include the following components: assessing readiness for change, lifestyle changes (individualized), nutrition counseling, self-monitoring, behavioral training, physical training, and what else? (Page 7)

**Relapse prevention**

5. Who are trained and proficient in practical application of nutrition science to individual lifestyles, food choices, strategies of nutrition education, and medical nutrition therapy? (Page 7)

**Registered Dietitian Nutritionists (RDN's)**

**OPNAVINST 5100.19E, NAVY SAFETY AND OCCUPATIONAL HEALTH (SOH) PROGRAM MANUAL  
FOR FORCES AFLOAT**

**Chapter B1**

1. How many categories are there of asbestos work that can be performed aboard ship? (Page B1-1)

**3**

2. Which type of insulating materials will not be used on U.S. ships according to Navy policy? (Page B1-1)

**Asbestos-contaminated**

3. Any ship whose keel was laid prior to which year will be considered to contain friable asbestos thermal systems insulation (TSI)? (Page B1-2)

**1980**

4. Which type of fibrous material can be produced into a material that is fireproof, possesses high tensile strength, good heat and electrical capabilities, and moderate to good chemical resistance? (Page B1-3)

**Asbestos**

5. What is a progressively worsening disease of the lung that is recognized as a classic disabling or even fatal occupational disease? (Page B1-3)

**Asbestosis**

6. What is a rare malignant tumor of the membrane that lines the chest and abdominal cavity? (Page B1-3)

**Mesothelioma**

7. How many years after exposure does it take most symptoms of asbestos-related diseases to appear? (Page B1-3)

**10-45**

8. Which type of Asbestos Containing Material (ACM) is defined as material that can be crumbled, pulverized, or reduced to powder under hand pressure, thereby releasing airborne fibers? (Page B1-4)

**Friable**

9. Asbestos repair and removal operations conducted at sea, at a distance greater than how many nautical miles from U.S. shore, are not subject to Environmental Protection Agency (EPA) emissions and reporting standards for asbestos? (Page B1-4)

**3**

10. Ships with qualified teams to perform asbestos repair or removal may do so within how many nautical miles of shore? (Page B1-4)

**3**

11. Who are responsible for training all hands who work in areas where asbestos-containing materials (ACMs) are present to recognize and report damaged ACM? (Page B1-12)

**Work Center Supervisors**

12. What must any ship have whose keel was laid prior to 1980? (Page B1-13)

**Emergency Asbestos Response Team (EART)**

13. Who is responsible for inspecting each repair operation involving friable asbestos? (Page B1-13)

**Safety Officer**

**Chapter B2**

1. What is defined as any combination of air temperature, thermal radiation, humidity, airflow, workload, and health conditions which may stress the body as it attempts to regulate body temperature? (Page B2-1)

**Heat Stress**

2. Which type of surveys must be conducted by ships to obtain accurate and reliable data on heat stress conditions? (Page B2-1)

**Heat stress**

3. Physical exertion level along with what else are used to determine how long an individual may be exposed safely to heat stress conditions? (Page B2-2)

**WBGT index**

4. How many or more weeks are usually required for heat acclimatization? (Page B2-2)

**3**

5. How often must Commanding Officers review and initial heat stress surveys that result in reduced stay times? (Page B2-3)

**Daily**

6. How many portable, calibrated, and operable WBGT meters must be available onboard for ships that don't have an Automated Heat Stress System (AHSS) installed? (Page B2-3)

**2**

7. Who is responsible for reviewing all engineering and non-engineering heat stress surveys to determine obvious inaccuracies, reduced PHEL stay times, and any personnel protective actions being taken? (Page B2-3)

**Medical Department Representative (MDR)**

8. Which formula is used to validate the WBGT index? (Page B2-6)

**WBGT = (0.1 x DB) + (0.7 x WB) + (0.2 x GT)**

9. Dry bulb thermometers must be hung at least how many feet from any supply ventilation terminal/opening? (Page B2-7)

**2**

10. Personnel must monitor compartments every four hours for manned spaces at or below which Dry Bulb temperatures? (Page B2-8)

**85°F**

11. What is the operating range for the RSS-220 and Vista Model 960 WBGT meters? (Page B2-9)

**65-150°F**

12. What is the operating range for the AHSS? (Page B2-9)

**32-150°F**

13. How long must the Medical Department Representative retain heat stress surveys? (Page B2-12)

**1 year**

14. What is used in especially hot environments where reduced stay times have been imposed on watch/work standers? (Page B2-16)

**Time Weighted Mean (TWM) WBGT**

15. What is the maximum amount of water that personnel should drink while working in a heat stress environment per hour? (Page B2-17)

**1.5 liters**

16. How many hours of continuous sleep per 24 hours is recommended for personnel working in a heat stress environment? (Page B2-17)

**6**

17. What provides a measure of environmental conditions? (Page B2-18)

**WBGT index**

18. How many PHEL curves have been developed by the Navy? (Page B2-18)

**6**

19. Which PHEL curve will determine the stay time for personnel who are conducting heavy repairs or other strenuous work? (Page B2-20)

**VI**

20. Heat stress surveyors assigned to perform WBGT surveys shall be trained and qualified using the heat stress surveyor watchstation 303 of the safety programs afloat personnel qualifications standard (PQS), NAVEDTRA 43460-4B within how many weeks of assignment? (Page B2-22)

**12**

## Chapter B4

1. Which program was designed to prevent occupational hearing loss and assure auditory fitness for duty of all Navy personnel? (Page B4-1)

**Hearing Conservation Program (HCP)**

2. What is the fleet's number one occupational health hazard? (Page B4-1)

**Noise-induced hearing loss**

3. Who is responsible for ensuring that a Hearing Conservation Program (HCP) is established and maintained within the command? (Page B4-1)

**Commanding Officer**

4. Who is responsible for maintaining a record of noise hazardous areas and equipment? (Page B4-1)

**Safety Officer**

5. How often at a minimum must industrial hygiene officers certify the audiometric testing booths installed aboard ships? (Page B4-2)

**Annually**

6. Division officers must ensure that personnel who require hearing tests due to a significant threshold shift (STS) are excluded from hazardous noise areas for at least how many hours before the scheduled test? (Page B4-2)

**14**

7. How often is refresher training required for Hearing Conservation Program (HCP) enrolled personnel? (Page B4-3)

**Annually**

8. What is defined as hearing changes from baseline that average 10 dB or more at 2000, 3000, and 4000 Hertz (Hz) in one or both ears? (Page B4-4)

**Significant Threshold Shift (STS)**

9. What shall be used to label smaller, individual pieces of equipment or tools that produce hazardous noise? (Page B4-7)

**NAVMED 6260/2A**

10. A combination of insert type and circumaural (muff) type hearing protective devices (double-protection) shall be worn in all areas where sound levels exceed how many dB (A)? (Page B4-8)

**104**

11. What is the reference audiogram form number? (Page B4-9)

**DD Form 2215**

## OPNAVINST 6100.3A, DEPLOYMENT HEALTH ASSESSMENT PROCESS

### (19 Questions)

1. Which instruction establishes policy and procedures to ensure timely and accurate completion of deployment health assessments? (Page 1)

**OPNAVINST 6100.3A**

2. How many components do deployment health assessments consist of? (Page 2)

**3**

3. Deployments, for deployment health assessment purposes is limited to periods of greater than how many days? (Page 2)

**30**

4. The DD 2795 shall be administered at home station or at a Navy mobilization processing site (NMPS) no earlier than how many days prior to the expected deployment date? (Page 3)

**120**

5. The DD 2796 shall be completed no earlier than how many days before the expected redeployment date? (Page 3)

**30**

6. The DD 2900 shall be administered and completed 90 to how many days after redeployment? (Page 3)

**180**

7. Service members who deploy for more than one 30 day period in how many months (frequent deployers) shall receive the PDHRA concurrent with their annual periodic health assessment? (Page 3)

**12**

8. What can't be completed by service members who are overdue for a periodic health assessment? (Page 4)

**NAVPERS 6110/3**

9. Who is responsible for developing and maintaining the deployment health assessment policy? (Page 4)

**Deputy Chief of Naval Operations (Manpower, Personnel, Training, and Education (CNO (N1))**

10. How often at a minimum must the Deputy Chief of Naval Operations (Manpower, Personnel, Training, and Education (CNO (N1)) provide compliance reports to the CNO? (Page 4)

**Quarterly**

11. Who is responsible for developing implementing guidance that ensures deploying personnel are briefed on deployment health threats and are trained and equipped with necessary countermeasures as required by DoD Instruction 6490.03? (Page 5)

**Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM)**

12. How often at a minimum must the Commander, U.S. Fleet Forces Command (COMUSFLTFORCOM) provide compliance reports to the Office of the Chief of Naval Operations? (Page 5)

**Quarterly**

13. What is responsible for providing command-level medical-related support services necessary for Service members to complete deployment health assessments? (Page 5)

**Navy Bureau of Medicine and Surgery (BUMED)**

14. What is responsible for maintaining the Electronic Deployment Health Assessment (EDHA) database and performing analysis as necessary on deployment health assessments information? (Page 5)

**Navy and Marine Corps Public Health Center (NMCPHC)**

15. What should be used to identify service members who require deployment health assessments? (Page 6)

**Medical Readiness Reporting System (MRRS)**

16. How often must Echelon 2 commands submit reports to COMUSFLTFORCOM? (Page 6)

**Monthly**

17. How many days from the expected deployment date must service members complete a DD 2795? (Page 7)

**120**

18. How many days before or after redeployment must service members complete a DD 2796? (Page 7)

**30**

19. What is the commanders tool for monitoring deployment health assessment compliance? (Page 8)

**Medical Readiness Reporting System (MRRS)**

**SECNAVINST 6120.3 (WITH CHANGE-1), PERIODIC HEALTH ASSESSMENT FOR INDIVIDUAL MEDICAL READINESS**

**(31 Questions)**

1. What instruction establishes policy and procedures to ensure the Individual Medical Readiness (IMR) of Navy and Marine Corps Active Component (AC) and Reserve Component (RC) is complete? (Page 1)

**SECNAVINST 6120.3**

2. How many elements does Individual Medical Readiness (IMR) consist of? (Page 2)

**6**

3. What will be used to review, verify, and correct IMR deficiencies? (Page 2)

**PHA**

4. How often will all AC and RC service members receive an individualized face-to-face assessment of their health status? (Page 3)

**Annually**

5. What is the fundamental method by which medical readiness and the health of each unit is measured? (Page 3)

**PHA**

6. What is the form number of the Adult Preventive and Chronic Care Flowsheet? (Page 4)

**DD 2766**

7. What is the form number of the Active Duty/Reserve Forces Dental Examination? (Page 4)

**DD 2813**

8. What is the form number of the Pre-Deployment Health Assessment? (Page 4)

**DD 2795**

9. What is the form number of the Post-Deployment Health Assessment? (Page 4)

**DD 2796**

10. What is the form number of the Post-Deployment Health Re-Assessment? (Page 4)

**DD 2900**

11. What is the form number of the Annual Certificate of Physical Condition? (Page 4)

**NAVMED 6120/3**

12. What is the form number of the Periodic Health Assessment? (Page 5)

**NAVMED 6120/4**

**Enclosure 1**

1. Within how many days of their birth month will AC service members have the PHA performed? (Page 1)

**30**

2. What is blood pressure measurement used to screen for? (Page 2)

**Hypertension**

3. Service members must be referred to optometry if during the PHA visit their distance or near binocular visual acuity is worse than what? (Page 2)

**20/40**

4. RC service members will provide updated corrective lens prescriptions from their civilian provider at least every how many years for inclusion in their HREC? (Page 2)

**2**

5. What standard acuity chart is used for the distance binocular visual acuity test? (Page 2)

**Snellen**

6. Service members less than how many years of age do not require near vision testing unless they report difficulties with near vision? (Page 3)

**45**

7. A reading acuity test is performed using a Near Acuity Card normally at an appropriate distance of how many inches depending on the card being used? (Page 3)

**16**

8. How many pairs of eyeglasses are required for service members who require vision correction? (Page 3)

**Two**

9. Service members must be sent for a hearing evaluation if they are enrolled in the Hearing Conservation program and there hasn't been a monitoring audiogram within the past how many months? (Page 4)

**12**

10. Unless clinically indicated all AC personnel will be tested for HIV at least every how many years? (Page 5)

**2**

11. RC personnel shall be HIV tested at the time of activation when called to active duty for more than how many days? (Page 6)

**30**

12. What Dental Class does a service member have to be in to be considered worldwide deployable? (Page 6)

**1 or 2**

13. What Dental Class does a service member have to be in to be considered at increased risk to experience a dental emergency and is normally not regarded to be worldwide deployable? (Page 6)

**3 or 4**

14. What is the preferred method to measure cardiovascular risks? (Page 8)

**Framingham Risk Score**

15. What will service members complete that the results will serve as the basis for health risk prevention counseling? (Page 8)

**HART**

16. Assessment and review must be conducted on all prescribed and over the counter medication, nutritional supplements, ergogenic aids, and herbal agents. What form will be used for documentation? (Page 9)

**DD 2766**

17. How many days of supply of prescription medication should servicemembers have when they deploy? (Page 9)

**90**

18. What system are medical waiver forms available through? (Page 9)

**PRIMS**

19. What provides immediate visibility of current health status and future screening requirements? (Page 11)

**DD 2766**

## TRICARE DENTAL (2018)

(18 Questions)

### Chapter 1: Eligibility and Enrollment

1. The TRICARE Dental Program (TDP) covers unmarried dependent child, stepchild or adopted child (either pre-adopted or finalized), until at least age 21 (or which age if certain criteria are met)? (Page 5)

**23**

2. Your sponsor must have at least how many months of military service commitment left for you to get TDP? (Page 5)

**12**

3. TRICARE Dental Program (TDP) Coverage for children extends to the last day of the month in which he/she turns which age, unless the child is enrolled in a university or has a disability? (Page 5)

**21**

4. ADSMs, including those National Guard and Reserve members called to active duty for more than how many days aren't eligible for the TRICARE Dental Program (TDP)? (Page 6)

**30**

5. Students enrolled in the TRICARE Dental Program (TDP) must get at least what percent of their financial support from their sponsor during their schooling? (Page 6)

**50%**

6. What is used by the TRICARE Dental Program (TDP) contractor to verify eligibility? (Page 6)

**DEERS**

7. Family TRICARE Dental Program (TDP) plans are available for how many or more eligible family members? (Page 7)

**2**

8. Which age are children automatically enrolled in the Family TRICARE Dental Program (TDP) plan? (Page 7)

**1**

9. If the sponsor and spouse are both active duty, they cannot enroll each other as a family member. You can only enroll a National Guard or Reserve sponsor who hasn't activated for more than how many days as a family member under the other sponsor? (Page 8)

**30**

10. How many ways are there to enroll in the TRICARE Dental Program (TDP)? (Page 8)

**3**

11. What compares the information in your request for enrollment with the information in DEERS to make sure you're eligible for the TDP? (Page 9)

**United Concordia**

12. Enrollment in the TDP begins on the effective date written on your TDP enrollment card. You're responsible for any dental care you get before the date written on your TDP enrollment card. Once enrolled, you're committed to how many months of coverage and have to pay monthly dental premiums until your coverage ends? (Page 9)

**12**

13. If you're enrolled in the TDP through an ADSM sponsor, you must use which method to pay your premiums? (Page 9)

**Payroll allotment**

14. You can end TDP enrollment within how many calendar days of moving to the OCONUS service area, unless you wish to keep TDP coverage for family members? (Page 11)

**90**

15. ADSMs who transfer to a duty station where space-available dental care is available at the local DTF can end any of their family members' TDP enrollments within how many calendar days? (Page 11)

**90**

16. National Guard or Reserve family members who enrolled within how many days of the sponsor's activation lose TDP coverage when the sponsor deactivates? (Page 11)

**30**

17. Your enrollment will be cancelled if you don't pay your TDP monthly premium(s). Additionally, you'll be "locked out" from enrolling for how many months after the last time you paid the premium? (Page 12)

**12**



Test your knowledge online at [NavyBMR.com](http://NavyBMR.com)

18. Surviving spouses and children are eligible for the DP Survivor Benefit when a sponsor dies. Spouses are eligible for how many years beginning on the date of the sponsor's death? (Page 14)

3

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## TRICARE STATESIDE GUIDE

(30 Questions)

### Section I: Introduction

1. How many TRICARE regions are there in the U.S.? (Page 6)  
**2**
2. TRICARE has one overseas region with how many areas? (Page 7)  
**3**
3. How many regional call centers support the overseas areas? (Page 7)  
**4**
4. What is the official site of the TRICARE program? (Page 8)  
**www.tricare.mil**
5. What is the official site of the Military Health System (MHS) and the Defense Health Agency? (Page 8)  
**www.health.mil**
6. Which DoD initiative aims to improve healthy living throughout the defense community by promoting healthy eating, physical activity, tobacco-free living, sleep and mental and spiritual well-being? (Page 10)  
**Operation Live Well**
7. What is defined by TRICARE as a serious medical condition that the average person would consider to be a threat to life, limb, sight or safety? (Page 11)  
**Emergency**
8. Which type of emergency is when a person is in immediate danger to self or others because of a mental disorder and requires immediate, continuous skilled observation? (Page 11)  
**Psychiatric**
9. If you or one of your dependents has a psychiatric emergency, you don't need prior authorization before admission to an inpatient unit. However, your regional contractor must be notified within how many hours of admission? (Page 11)  
**72**
10. TRICARE is the health care program for how many active duty service members, retired service members, certain National Guard and Reserve members, Medal of Honor recipients, family members, survivors and eligible former spouses? (Page 12)  
**9.4 million**
11. Which agency manages TRICARE? (Page 12)  
**Defense Health Agency (DHA)**
12. What serves as the central source of identity, enrollment and eligibility verification for members of the uniformed services and their eligible family members? (Page 13)  
**Defense Enrollment Eligibility Reporting System (DEERS)**
13. Family members which age and older may update their own contact information in DEERS? (Page 13)  
**18**
14. Eligible TRICARE beneficiaries can use which website to update and view DEERS information? (Page 14)  
**milConnect**
15. Separating service members and their family members can obtain a DS Logon for how many months after separation, even though they are no longer affiliated with the military? (Page 14)  
**6**
16. Active duty service members (ADSMs). Includes service members from any of the seven uniformed services, and National Guard and Reserve members activated for more than how many days? (Page 15)  
**30**
17. Retired service members and their family members, retired National Guard and Reserve members (at which age) and their family members are eligible for TRICARE? (Page 15)  
**60**
18. The sponsor's children's TRICARE eligibility continues until at least age 21 (or until age 23 if certain criteria are met). Certain qualified dependents may extend TRICARE coverage up to which age with the premium-based TRICARE Young Adult (TYA) program? (Page 16)  
**26**

19. Surviving spouses will have ADFM benefits and costs for how many years after the sponsor's death? (Page 16)  
**3**

20. What is the maximum out-of-pocket amount you could pay each calendar year (Jan. 1–Dec. 31) for TRICARE-covered services? (Page 17)

**Catastrophic cap**

21. Survivors of National Guard and Reserve sponsors who died while serving on active duty for how many days or more continue to get benefits after the sponsor's death? (Page 17)

**30**

22. TAMP offers how many days of premium-free TRICARE coverage to certain service members and their families so they have ample time to make arrangements for ongoing health care coverage while transitioning to civilian life? (Page 18)

**180**

23. Survivors of Selected Reserve members may qualify to continue or purchase TRS coverage for up to how many months from the date of the sponsor's death if they meet all conditions? (Page 18)

**6**

24. Retired Reserve members may qualify to purchase TRICARE Retired Reserve (TRR) coverage if they are under which age? (Page 19)

**60**

25. What allows dependent parents the same access standards as beneficiaries in TRICARE Prime? (Page 20)

**TRICARE Plus**

26. Former spouses who remarry after which age and who were enrolled in the Continued Health Care Benefit Program (CHCBP) for the 18 months before the end of the marriage may still be eligible to continue coverage under CHCBP? (Page 20)

**55**

27. Family members of veterans who have been rated permanently and totally disabled, or of veterans who died from a service-related disability, may be covered by which program as long as they aren't eligible for TRICARE? (Page 21)

**CHAMPVA**

28. Which TRICARE option provides supplemental services to active duty family members (ADFMs) who qualify based on specific mental or physical disabilities? (Page 21)

**Extended Care Health Option (ECHO)**

29. TRICARE Beneficiaries are divided into how many cost groups? (Page 22)

**2**

30. If your or your uniformed services sponsor's initial enlistment or appointment occurred before which date then you are in Group A? (Page 22)

**Jan. 1, 2018**

## OCCUPATIONAL TOPICS / SUB-TOPICS

### CLINICAL SUPPORT SERVICES

#### LABORATORY SERVICES

(53 QUESTIONS)

1. What are the two most common patient care items that rely on dental laboratory support and carry a multitude of oral microorganisms originating from dental plaque, blood, and saliva? (Page 2-1)

**Prostheses and oral impressions**

2. What are the two functional areas that need to be considered when developing dental laboratory infection control procedures? (Page 2-1)

**DTR and Dental Laboratory**

3. What regulations are materials that originate from either the treatment area or dental laboratory that are not decontaminated subject to regarding transportation and shipping of potentially infectious materials? (Page 2-3)

**OSHA**

4. How many separate work areas should each dental laboratory have whenever possible? (Page 2-3)

**3**

5. Which agency has up to date information on STD laboratory and treatment guidelines? (Page 2)

**Centers for Disease Control and Prevention (CDC)**

6. Equipment-specific laboratory reagents, mission-specific items, as well as what else are not included on AMALs? (Page 1)

**Immunizing agents**

7. Which modified form will be used by laboratory personnel to record donor temperature, heart rate, and blood pressure to ensure adequacy for donation? (Page 505)

**DD Form 572**

8. What will the manual, automated, or computer-generated laboratory test reports be placed above in the health record? (Page 19-2)

**SF-545**

9. The capillary method along with what other method are the two principal methods of obtaining blood specimens? (Page 19-4)

**Venipuncture**

10. What type of blood collection is performed when a small quantity of blood is needed for testing as in the case of some pediatric blood draws? (Page 19-5)

**Capillary**

11. Tourniquets should not be left on for more than what time frame when drawing blood? (Page 19-9)

**One minute**

12. What is a precision instrument used extensively in clinical laboratories to observe objects too small to be seen by the unaided eye? (Page 19-11)

**Microscope**

13. What is the type of microscope most often used in the laboratory referred to as? (Page 19-11)

**Compound**

14. How many parts does the framework of the compound microscope consist of? (Page 19-11)

**4**

15. What may a red cell count that drops below normal values indicate? (Page 19-13)

**Anemia**

16. What delivers and releases oxygen to the tissues and facilitates carbon dioxide excretion? (Page 19-14)

**Hemoglobin**

17. Normal WBC values in adults range from 4,800 to how many cells per cubic millimeter? (Page 19-14)

**10,800**

18. What is the condition referred to as when WBC rises above normal values? (Page 19-15)

**Leukocytosis**

19. What accounts for the largest percentage of leukocytes found in a normal blood sample, and function by ingesting invading bacteria? (Page 19-16)

**Neutrophils**

20. What is associated with immune response and the body's defense against viral infection? (Page 19-17)

**Lymphocyte**

21. What destroy parasites and respond in immediate allergic reactions? (Page 19-17)

**Eosinophil**

22. What is the largest of the normal white blood cells that controls microbial and fungal infections as well as removes damaged cells from the body? (Page 19-18)

**Monocyte**

23. What are bacteria that cause diseases called? (Page 19-18)

**Pathogens**

24. Temperature, oxygen, nutrition, along with what else are the four growth requirements for bacteria? (Page 19-19)

**Moisture**

25. What are organisms that reproduce in the presence of oxygen called? (Page 19-19)

**Aerobes**

26. What are organisms that do not reproduce in the presence of oxygen called? (Page 19-19)

**Anaerobes**

27. What is used to enhance the visualization of microorganisms on the smear? (Page 19-21)

**Gram staining**

28. What consists of procedures by which antigens and reacting serum globulin antibodies may be measured qualitatively and quantitatively? (Page 19-22)

**Serology**

29. What is a substance that when introduced into an individual's body is recognized as foreign by an individual's immune system and causes a detectable reaction? (Page 19-22)

**Antigen**

30. What are specific defensive proteins that are produced when an antigen stimulates individual cells? (Page 19-22)

**Antibodies**

31. The RPR Card test is a non-specific, easily performed screening test for what? (Page 19-22)

**Syphilis**

32. Fungi reproduce by spores that germinate into long filaments called what? (Page 19-23)

**Hyphae**

33. What does the normal daily urine volume for adults' average? (Page 19-24)

**1,500 ml**

34. What is defined as the density of a solution compared to an equal volume of distilled water? (Page 19-25)

**Specific gravity**

35. The specific gravity of a 24-hour urine specimen may vary from 1.001 to what while in the presence of a disease? (Page 19-26)

**1.060**

36. What is specific gravity measured with? (Page 19-26)

**Index refractometer**

37. What in the urine always indicates some form of kidney disorder and should always be reported? (Page 19-29)

**Casts**

38. What is a food borne disease outbreak in which laboratory analysis of appropriate specimens identifies a causative organism and epidemiological analysis implicates the food as the source of the illness? (Page 9)

**Confirmed Disease Outbreak**

39. All records of examination, possible lead-related conditions, related laboratory results and all forms and correspondence related to the person's medical history shall become a permanent part of the health record and be retained for the period of naval service plus 20 years, or how many years after the date of the last entry, whichever is longer? (Page B10-9)

**40**

40. How many milliliters of liquid blood are typically required for a laboratory DNA examination? (Page 2-14)

**5**

41. Which form acts as a laboratory request and chain of custody document for Division of Forensic Toxicology submissions? (Page 2-20)

**AFMES Form 1323**

42. Which form is used to initiate a forensic laboratory examination request? (Page 4-49)

**DD Form 2922**

43. Which form should be used to document and submit evidence to the Division of Forensic Toxicology laboratory? (Page 9-8)

**AFMES Form 1323**

44. What is defined by the DEA as an illicit operation consisting of a sufficient combination of apparatus and chemicals that either has been or could be used in the manufacture or synthesis of controlled substances? (Page 12-5)

**Clandestine drug laboratory**

45. Wattmeters used as laboratory standards have an accuracy of 0.1%, high-grade portable wattmeters an accuracy of 0.2% to 0.25%, and high-grade switchboard wattmeters an accuracy of what percent of full-scale value? (Page 3-21)

**1%**

46. What is used as a generic term for any organizational entity and may include a base, station, unit, laboratory, installation, facility, center, activity, detachment, squadron, ship, etc.? (Page 2-1)

**Command**

47. NOAP or JOAP Laboratories must comply with laboratory operating procedures, documentation, and notification requirements referenced in which publication? (Page 10-24)

**NAVAIR 17-15-50**

48. Numerous laboratory and service tests have determined that, size for size, synthetic fiber ropes are 1-1/2 to over how many times as strong as manila ropes of equal size? (Page 613-2-28)

**4**

49. Which department is responsible for the detection of water contamination and the completion of associated laboratory analysis? (Page 6-11)

**Medical**

50. Commercially produced crystals range in Q from 5,000 to 30,000 while some laboratory experiment crystals range in Q up to what? (Page 2-37)

**400,000**

51. What provides spectrographic analyses of your ship's lube oil at a designated laboratory? (Page 8-17)

**NOAP**

52. Which Department of Defense (DoD) laboratory manages the integrity of the DoD drug testing program? (Page E4-2)

**AFIP**

53. Which type of testing refers to command-directed testing when a commander has doubt as to the member's wrongful use of drugs following a laboratory-confirmed urinalysis result? (Page 4-34)

**Evaluation**

## PHARMACY SERVICES

(85 QUESTIONS)

1. The pharmacy department must dispense, by prescription, sufficient quantities for the en route period of transfer or period needed by the gaining command's pharmacy to obtain the required medications (up to how many days)? (Page E3-15)

**180**

2. What is the science dealing with the origin, nature, chemistry, effects, and uses of medications? (Page 18-1)

**Pharmacology**

3. What is the branch of pharmacology that deals with biological, biochemical, and economic features of natural medications and their constituents? (Page 18-1)

**Pharmacognosy**

4. What is the branch of pharmacology dealing with the preparation, dispensing, and proper use of medications? (Page 18-1)

**Pharmacy**

5. What is the study of the dosages of medicines and medications? (Page 18-1)

**Posology**

6. What is the study of the uses of medications in the treatment of disease? (Page 18-1)

**Pharmacotherapeutics**

7. What is the study of the action or effects of medications on living organisms? (Page 18-1)

**Pharmacodynamics**

8. What is the study of poisons, their actions, their detection, and the treatment of the conditions produced by them called? (Page 18-1)

**Toxicology**

9. What is the science of treating disease by any method that will relieve pain, treat or cure diseases and infections, or prolong life called? (Page 18-1)

**Therapeutics**

10. What provides tests for medication identity, quality, strength, and purity? (Page 18-1)

**USP-NF**

11. What did the U.S. Federal Food, Medication, and Cosmetics Act designate as the official reference for medications marketed in the United States? (Page 18-1)

**USP-NF**

12. What is the most widely used text/reference in American pharmacies? (Page 18-2)

**Remington: The Science and Practice of Pharmacy**

13. What is the amount of medication to be administered referred to as? (Page 18-2)

**Dose**

14. What is the most common factor that influences the amount of medication to be given? (Page 18-2)

**Age**

15. A therapeutic dose is calculated on an average adult male of 24 years who weighs approximately how many pounds? (Page 18-2)

**150**

16. What is the most common method of administering medications? (Page 18-4)

**Oral**

17. What type of medications are administered by placing the medication under the tongue? (Page 18-4)

**Sublingual**

18. What type of medications are administered by placing the medication between the cheek and gum? (Page 18-4)

**Buccal**

19. What is the type of medication injected just below the skin's cutaneous layers? (Page 18-5)

**Subcutaneous**

20. What type of medications are introduced by injection? (Page 18-4)

**Parenteral**

21. What type of medication is introduced directly into the vein? (Page 18-5)

**Intravenous**

22. What type of medication is injected within the dermis layer of the skin? (Page 18-5)

**Intradermal**

23. What is the process called by which a medication is converted into a fine spray by the use of compressed gas? (Page 18-5)

**Nebulization**

24. How many important steps to follow are there when administering medication to a patient to prevent errors? (Page 18-6)

6

25. What is any chemical substance called that has an effect on living tissue but is not used as a food? (Page 18-7)

**Medication**

26. Medications are classified according to set criteria and fall into three specific areas: general, chemical, and what else? (Page 18-7)

**Therapeutic**

27. What are medications called that cause shrinkage of the skin and mucous membranes? (Page 18-8)

**Astringents**

28. What are bland or fatty substances called that may be applied to the skin to make it more pliable and soft? (Page 18-8)

**Emollients**

29. What are agents called that inhibit or suppress the act of coughing? (Page 18-8)

**Antitussives**

30. What can be used to reduce congestion and the swelling of mucous membranes? (Page 18-9)

**Nasal Decongestants**

31. What substance released by most cells distributed in connective tissues usually near blood vessels promotes some of the reactions associated with inflammation and allergies such as asthma and hay fever? (Page 18-9)

**Histamine**

32. What are used to counteract hyperacidity in the stomach? (Page 18-10)

**Antacids**

33. Normally oral medications should not be taken within how many hours of taking an antacid? (Page 18-10)

2

34. What suppress the growth of microorganisms? (Page 18-10)

**Antiseptics**

35. What are agents called that are used to disinfect inanimate objects and are primarily germicidal in their action? (Page 18-10)

**Disinfectants**

36. What were the first effective chemotherapeutic agents to be available in safe therapeutic dosage ranges? (Page 18-11)

**Sulfonamides**

37. What is the standard by which all other antiseptic, disinfectant, and germicidal agents are measured in effectiveness? (Page 18-10)

**Phenol**

38. What is one of the most effective and least toxic of the antimicrobial agents? (Page 18-12)

**Penicillin**

39. What are a group of semi-synthetic derivatives of cephalosporin C called which is an antimicrobial agent of fungal origin? (Page 18-12)

**Cephalosporins**

40. In what year were Tetracyclines introduced which were the first truly broad-spectrum antibiotics? (Page 18-13)

1948

41. What are a group of medications that share chemical, antimicrobial, pharmacologic, and toxic characteristics, and that are effective against most gram-positive and gram-negative organisms? (Page 18-13)

**Aminoglycosides**

42. What are antibiotics constituting a large group of bacteriostatic agents that inhibit protein synthesis known as? (Page 18-14)

**Macrolides**

43. What type of medications facilitate the passage and elimination of feces from the colon and rectum? (Page 18-16)

**Laxatives**

44. What are agents that increase the rate of urine formation called? (Page 18-16)

**Diuretics**



45. What type of medications relieve pain without producing unconsciousness or impairing mental capacities? (Page 18-17)

**Non-narcotic analgesics**

46. What are used to relieve or reduce fevers? (Page 18-17)

**Antipyretics**

47. What are mainly used as sedative-hypnotics, anticonvulsants, anesthetics for short anesthesia, and may be used in combination with analgesics to enhance their analgesic effect? (Page 18-18)

**Barbiturates**

48. Tranquilizers and mood modifiers are the two primary groups of what agents? (Page 18-19)

**Psychotherapeutic**

49. What are used to produce constriction of the blood vessels with consequent rise in blood pressure? (Page 18-20)

**Vasoconstrictors**

50. What taken in high doses is believed to prevent the common cold, and to treat asthma, atherosclerosis, wounds, schizophrenia, and cancer? (Page 18-21)

**Vitamin C**

51. What type of medications produce a rhythmic contraction of the uterus? (Page 18-23)

**Oxytocic's**

52. In what year did the World Health Organization (WHO) declare the global eradication of naturally occurring smallpox? (Page 18-23)

**1980**

53. What is the study and science of weights and measures called? (Page 18-24)

**Metrology**

54. What is the official system of weights and measures used by Navy Pharmacy Departments for weighing and calculating pharmaceutical preparations? (Page 18-24)

**Metric**

55. What is the relationship of one quantity to another quantity of like value? (Page 18-28)

**Ratio**

56. What is the expression of equality of two ratios called? (Page 18-29)

**Proportion**

57. What are aromatic, sweetened hydroalcoholic solutions containing medicinal substances called? (Page 18-30)

**Elixirs**

58. What are coarse dispersions comprised of finely divided insoluble material suspended in a liquid medium called? (Page 18-30)

**Suspensions**

59. What are semisolid, fatty, or oily preparations of medicinal substances called? (Page 18-30)

**Ointments**

60. What are solid bodies intended to introduce medicinal substances into the various orifices of the body called? (Page 18-30)

**Suppositories**

61. What are gelatin shells containing solid or liquid medicinal substances to be taken orally called? (Page 18-30)

**Capsules**

62. What is used for mixing and measuring various medicinal ingredients? (Page 18-31)

**Enrlenmeyer flask**

63. What are conical or cylindrical clear glass containers graduated in specified quantities that are used to measure liquids volumetrically? (Page 18-32)

**Graduates**

64. What type of incompatibilities occur when agents antagonistic to one another are prescribed together? (Page 18-33)

**Therapeutic**

65. What type of incompatibilities are often called pharmaceutical incompatibilities and are evidenced by the failure of the medications to combine properly? (Page 18-33)

**Physical**

66. What is any condition called which makes a particular treatment or procedure inadvisable? (Page 18-34)

**Contraindication**

67. What is the most important tool used by the pharmacy? (Page 18-34)

**Prescription**

68. The DoD Prescription (DD Form 1289) along with the Polyprescription using what form are the two standardized forms used for prescriptions? (Page 18-35)

**NAVMED 6710/6**

69. What is that part of the prescription that lists the name and quantity of the medication to be used? (Page 18-37)

**Inscription**

70. What part of the prescription gives the directions for the patient? (Page 18-37)

**Signa**

71. How many times should the container labels used in filling prescriptions be verified? (Page 18-38)

**3**

72. How many years after the issue date are prescriptions currently required to be kept on file? (Page 18-40)

**2**

73. How many schedules (categories) related to a medications potential for abuse, medical usefulness, and degree of dependency, if abused did the Controlled Substance Act of 1970 establish? (Page 18-40)

**5**

74. Prescriptions for schedule II substances can never be ordered with refills and in most cases must be filled within how many days of the date originally written? (Page 18-41)

**7**

75. Prescriptions must be filled within 30 days of the date written and may be refilled up to five times within how many months for Schedule III substances? (Page 18-41)

**6**

76. What type of substances are primarily antitussives or antidiarrheals? (Page 18-41)

**Schedule V**

77. At least how often, or more frequently if necessary, the Controlled Substances Inventory Board (CSIB) takes an unannounced inventory of controlled substances? (Page 18-42)

**Quarterly**

78. Who is responsible for pharmacy operation? (Page 21-4)

**Commanding Officer**

79. What is the NEC for an enlisted pharmacy technician? (Page 21-4)

**NEC 8482**

80. What series contains guidelines for storing and processing investigational drugs through the pharmacy? (Page 21-16)

**BUMEDINST 6710.69**

81. What should not be stowed, used, or dispensed in the pharmacy? (Page C21-1)

**Methyl alcohol**

82. Prescriptions may be filled (up to a how many-day supply for most medications) at an MTF pharmacy free of charge? (Page 23)

**90**

83. What creates a global centralized data repository that records information about prescriptions filled for TRICARE beneficiaries at MTFs, the TRICARE retail pharmacy network, and through TMOP? (Page 24)

**PDTS**

84. Up to how many days worth of supply of most medications can you receive at no cost at a military pharmacy? (Page 24)

**90**

85. At a military pharmacy, you may receive up to a how many-day supply of most medications at no cost? (Page 19)

**90**

## RADIOLOGY SERVICES

(44 QUESTIONS)

1. Where are outdated x-ray films, dental scraps, or recovered silver from fixing or stabilizing solutions turned into? (Page 2)

**Defense Reutilization Marketing Office (DRMO)**

2. What must certify x-ray equipment used in Federal Facilities? (Page 1)

**FDA**

3. How often must CO's ensure that medical x-ray units ashore and on hospital ships are evaluated? (Page 2)

**Annually**

4. Every how many months must all dental fixed and portable x-ray units be evaluated? (Page 2)

**36**

5. Every how many months must all fixed x-ray units afloat besides medical x-ray units be evaluated? (Page 2)

**24**

6. What reference must be followed when evaluating all non x-ray generating equipment and radiation therapy units? (Page 2)

**NEHC TM 6470.98-1**

7. Qualified surveyors at the request of outside commands shall conduct radiological performance of medical x-ray systems following Title 21 CFR Part 900 and what other manual? (Page 3)

**NEHC TM 6470.98-1**

8. How often at a minimum must the x-ray chair be disinfected? (Page 7-2)

**Daily**

9. What are Hospital Corpsmen (HM) performing diagnostic imaging called? (Page 17-1)

**Radiology technologists**

10. What is the most common type of x-ray exam? (Page 17-1)

**Chest**

11. During what type of scan can atoms in the patient's body be exposed to a strong magnetic field? (Page 17-1)

**MRI**

12. Who use sound waves to obtain images of organs and tissues in the body? (Page 17-1)

**Sonographers**

13. With what type of technology can physicians view the inside of organs? (Page 17-1)

**CT**

14. Who produce diagnostic images of breast tissue using special x-ray equipment? (Page 17-1)

**Mammographers**

15. What is the art of recording images of a patient's oral structures on film by using X-rays called? (Page 17-1)

**Oral radiography**

16. What year were X-rays discovered by a scientist named Wilhelm Conrad Roentgen? (Page 17-2)

**1895**

17. X-rays are a electromagnetic rays that travel in a wave motion and the measurement of this wave motion is called a what? (Page 17-3)

**Wavelength**

18. How many factors is the density of the X-ray image controlled by? (Page 17-3)

**4**

19. What are the walls of X-ray rooms lined with that provide an element of shielding to people outside the room? (Page 17-4)

**Lead**

20. What rule is based on the principle that any amount of radiation exposure, no matter how small, can increase the chance of negative biological effects such as cancer? (Page 17-4)

**ALARA**

21. Film badges are placed in the X-ray room behind the technician's protective lead-lined barrier or at least how many feet from the tube head and never in the direct line of radiation during exposure? (Page 17-5)

**6**

22. Radioactive material shall not be used in such a manner to cause any non-radiation worker to exceed a total effective dose equivalent to how many mRem per year considering occupancy factors and source usage? (Page 17-5)

**500**

23. The NRC has established total whole body doses for radiation workers. It sets the annual total effective dose limit at how many mRem for the entire body? (Page 17-5)

**5,000**

24. What program is designated to save Department of Defense (DOD) money by recycling precious metals and using those funds to offset the cost of supplies for DOD activities? (Page 17-6)

**PMRP**

25. Under what guidelines will precious metals be saved and turned into the Supply Department? (Page 17-6)

**BUMEDINST 4010.3**

26. What examination is conducted to obtain radiographs of the crowns, roots, and supporting structures of the teeth? (Page 17-27)

**Periapical**

27. How many periapical radiographs does the full mouth periapical examination consists of? (Page 17-29)

**14**

28. What examination reveals the presence of interproximal caries, certain pulp conditions, overhanging restorations, improperly fitting crowns, recurrent caries beneath restorations, and resorption of the alveolar bone? (Page 17-33)

**Interproximal**

29. What type of examination is usually conducted when fractures of the jaw or gross pathological conditions are suspected? (Page 17-35)

**Occlusal**

30. What technique is used for exposing occlusal radiographs? (Page 17-35)

**Bisected angle**

31. What is the fastest advancing technology in healthcare imaging today? (Page 17-37)

**Digital imaging**

32. How many basic steps involved in processing X-ray film are there? (Page 17-38)

**5**

33. White light along with what else are the two basic sources of illumination a darkroom has? (Page 17-38)

**Safelight**

34. The length of exposure of undeveloped imaging film to the safelight should be limited to no longer than how many minutes? (Page 17-38)

**2**

35. What is the most commonly used method of processing medical and dental radiographs in the Navy? (Page 17-38)

**Automatic processing**

36. If processing a large quantity of X-ray films, the HM must avoid any mix-up. To do this, after inserting one patient's X-ray films, how many seconds should go by before inserting the next patient's films? (Page 17-39)

**15**

37. How often should the developer and fixer be changed at a minimum? (Page 17-39)

**3-4 weeks**

38. What type of X-ray machine is used to produce an extraoral radiograph that shows both dental arches and the temporomandibular joints? (Page 17-45)

**Panoramic**

39. What system is used to file HRECs, ORECs, EMFs, IRECs, and x-ray films? (Page 16-20)

**TDFS**

40. What form should be used by a Navy or Marine Corps command to request medical records or x-rays held by the DVA on current or former members of the Naval Service? (Page 16-57)

**DD 877**

41. Repair programs offered by the VA Service and Distribution Center provide an alternative source and cost-effective way of servicing x-ray tube, surgical scope, and dental/surgical handpiece repair. Services include: 2-day turnaround time option; 90-day warranty; and loaner, if available, for repairs exceeding how many days? (Page 10-18)

**3**

42. Dental fixed and portable x-ray units require radiation evaluations at how many month intervals? (Page B9-10)

**36**

43. How often are medical x-ray units ashore and on hospital ships evaluated for radiation? (Page B9-9)

**Annually**

Test your knowledge online at [NavyBMR.com](http://NavyBMR.com)

44. Klystrons, magnetrons, rectifiers, or other tubes that use an excitation of how many or more volts may emit x-rays out to a few feet, thus endangering you or other unshielded personnel standing or working close to the tubes?  
(Page 3-17)

**15,000**

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## HEALTHCARE ADMIN & PROGRAMS MANAGEMENT

### GENERAL ADMINISTRATION

(62 QUESTIONS)

1. Specific instructions for management of reports and forms are covered in the current version of what series? (Page 2-1)

**BUMEDINST 5210.9**

2. All important occurrences are reported by the what to the OOD for entry into the duty log or journal of the command? (Page 2-1)

**Senior Medical Department Representative (SMDR)**

3. A Memorandum for the Record is prepared in accordance with (IAW) what series, Department of the Navy Correspondence Manual, series for any event of historical or legal importance, or for which good judgment dictates that it should be recorded? (Page 2-2)

**SECNAVINST 5216.5**

4. What is an administrative management tool that is used to track the medical and dental readiness of every active duty and reserve Sailor or Marine? (Page 2-2)

**MRRS**

5. What is an administrative management tool that tracks the medical and dental readiness of Navy and Marine Corps operational units? (Page 2-2)

**SAMS**

6. How often is the Sick Call Treatment Log report forwarded to the Commanding Officer? (Page 2-2)

**Daily**

7. What type of directives regulate administration, establish policy, delegate authority, and assign a mission function or task? (Page 2-3)

**Permanent**

8. What type of directives are normally issued as a notice to request comments or approval, and announce information such as a change of command or education and promotion opportunities? (Page 2-3)

**Temporary**

9. What is the nucleus for managing maintenance aboard all ships and applicable shore station equipment? (Page 2-3)

**3-M System**

10. What is Official Naval correspondence usually prepared and referred to as? (Page 2-4)

**Standard naval letter**

11. What series contains all the information needed to prepare naval correspondence? (Page 2-4)

**SECNAVINST 5216.5**

12. Instructions are normally placed in large three-ring binders in numerical sequence according to what number and issuing authority? (Page 2-4)

**SSIC**

13. For security purposes, classified directives and documents are filed in separate binders and maintained in a safe in accordance with what series? (Page 2-4)

**SECNAV M-5510.36**

14. How many major groups are SSICs divided into? (Page 2-4)

**13**

15. What series are SSICs found in? (Page 2-4)

**SECNAVINST 5210.11**

16. What is the process of determining the correct subject group or name-title codes under which correspondence should be filed and any subordinate subjects that should be cross-referenced? (Page 2-5)

**Classifying**

17. How many elements is the IMR composed of? (Page 2-6)

**6**

18. What series provides guidance for the maintenance, use, and disposition of records? (Page 2-5)

**SECNAVINST 5210.8**

19. What is used to review and correct any IMR deficiencies? (Page 2-6)

**PHA**

20. On what basis does the PHA provide the opportunity to assess changes in a member's health that could potentially impact the ability to perform military duties and deploy worldwide? (Page 2-6)

**Annually**

21. The Fleet and Force Dental Officers ensure that the Fleet is dental ready. A service member is considered worldwide deployable who is in what class? (Page 2-6)

**Class 1 or 2**

22. What class identifies any oral condition that will result in an emergency condition within the next 12 months? (Page 2-6)

**Class 3**

23. What consists of a headquarters, a Marine Logistics Group (MLG), and Marine divisions, brigades, and aircraft wings? (Page 2-6)

**FMF**

24. What provides direct support to company and platoon corpsman as well as advanced trauma life support under fire? (Page 2-6)

**BAS**

25. An infantry battalion BAS is normally comprised of two medical officers and depending on the size of the battalion, up to how many HMs? (Page 2-6)

**65**

26. In general, Medical Department personnel serving with FMF may be divided into how many groups? (Page 2-7)

**2**

27. What is a composite grouping of functional units that provide combat service support beyond the organic capability of all elements of the FMF? (Page 2-7)

**MLG**

28. What provide medical support during intense combat operations as well as lengthy low-intensity scenarios? (Page 2-7)

**Fleet hospitals**

29. Fleet hospitals are designed to be used in operations greater than how many days? (Page 2-7)

**60**

30. What does the mission of a fleet hospital depend on? (Page 2-8)

**COCOM requirements**

31. How many NMCBs are home ported in Gulfport, MS and Port Hueneme, CA? (Page 2-8)

**8**

32. What vehicle ensures continuum of care throughout the beneficiary's life? (Page 3-1)

**Medical record**

33. What was developed to improve the distribution and control of military healthcare services including the projection and allocation of costs for healthcare programs as well as to minimize fraudulent healthcare claims? (Page 3-2)

**DEERS**

34. What series provides guidance as to who and under what circumstances members can receive medical and dental care at Navy Medical Department facilities as well as the extent and conditions under which such care may be provided and the collection process to pay for that care? (Page 3-2)

**NAVMEDCOMINST 6320.3**

35. Family member enrollment is accomplished for all seven uniformed services by completing what Uniformed Services Identification and Privilege Card application? (Page 3-2)

**DD 1172**

36. When the database shows a patient as ineligible because of ID card expiration, care may be rendered as long as the patient has a new ID card issued within the previous how many days? (Page 3-3)

**120**

37. Newborns under how many days old will not be denied care? (Page 3-3)

**60**

38. Active duty members and reservists are eligible for all dental services if they are recalled to active duty for a period of how many or more days? (Page 3-4)

**30**

39. The primary goal of the Patient Relations Program is to help resolve patient complaints and problems through patient intervention and negotiations in accordance with what series? (Page 3-6)

**BUMEDINST 6300.10**

40. What series lists the required elements for process improvement (quality assurance) programs of naval hospitals, medical clinics, and dental clinics? (Page 3-5)

**BUMEDINST 6010.13**

41. What program identifies and monitors spouse or child abuse/neglect (whether physical or psychological) and sexual abuse in military families? (Page 3-8)

**FAP**

42. What medical benefits program was established to manage military MTF care services? (Page 3-4)

**TRICARE**

43. Who is the command's primary advisor for all alcohol and drug matters? (Page 3-8)

**DAPA**

44. What series outlines the responsibilities of the DAPA? (Page 3-8)

**OPNAVINST 5350.4**

45. How often is physical readiness testing currently required for all personnel? (Page 3-9)

**Semi-annually**

46. In the medical setting, what refers to a patient's expressed or implied agreement to submit to an examination or treatment? (Page 3-9)

**Consent**

47. What requires that the healthcare provider give the patient all the information necessary for a knowledgeable decision? (Page 3-9)

**Informed Consent**

48. What term refers to the ability to understand the nature and consequences of one's decisions? (Page 3-10)

**Competency**

49. What reports are designed to promptly document all circumstances surrounding an event, to alert the commanding officer, Command Risk Manager, and other involved administrators and clinicians of a potential liability situation? (Page 3-11)

**QCR**

50. Two federal statutes combine to establish the criteria for collecting, maintaining, and releasing medical treatment records. These two statutes include the Privacy Act and what else? (Page 3-11)

**FOIA**

51. What governs the disclosure of documents maintained by government agencies? (Page 3-11)

**FOIA**

52. A written request for Department of the Navy (DoN) records that refer to FOIA must be responded to IAW the provisions of the Act. How many working days does the official having responsibility for the records have to respond to the requester? (Page 3-11)

**20**

53. What establishes safeguards concerning the right to privacy by regulating the collection, maintenance, use, and dissemination of personal information by federal agencies? (Page 3-12)

**Privacy Act**

54. In what year was the Health Information Portability and Accountability Act (HIPAA) enacted into law? (Page 3-12)

**1996**

55. What is individually identifiable health information, including demographics, in paper, electronic, or oral form? (Page 3-12)

**PHI**

56. The compliance date for the HIPAA Privacy rule was April 14, 2003 and is guided by what series? (Page 3-12)

**DODINST 6025.18**

57. What was designed to provide protection for individually identifiable health information that is maintained, transmitted, or received in electronic form—not just the information in standard transactions? (Page 3-13)

**HIPAA Security Rule**

58. What act enacted in 1956 (18 U.S.C. § 1385) makes it unlawful for the U.S. military to be used to enforce or assist in the enforcement of federal or state civil laws? (Page 3-13)

**Posse Comitatus Act**



59. How many categories of eligible beneficiaries do prisoner patients fall into? (Page 3-15)

**3**

60. What is the only type of care authorized to non-military federal prisoners? (Page 3-15)

**Emergency**

61. What policy protects to the maximum extent possible the rights of U.S. personnel who may be subject to criminal trial by foreign courts and imprisonment in foreign prisons? (Page 3-15)

**Status of Forces**

62. OPNAVINST 1752.1 along with what else provide guidance for the care and support of alleged victims of sexual assault? (Page 3-16)

**SECNAVINST 5800.11**

## HEALTH RECORD MAINTENANCE

### (33 QUESTIONS)

1. What U.S. Navy Medical Outpatient and Dental Treatment Record do Navy and Marine Corps personnel as well as DoD eligible beneficiaries utilize as their official record jacket for the chronological documentation of medical and dental evaluations, care, treatments and occupational health? (Page 4-1)

**NAVMED 6150/21-30**

2. What medical records are used for the documentation of outpatient medical and dental care? (Page 4-1)

**Primary**

3. What contains all the dental care documentation provided during a member's career? (Page 4-2)

**DREC**

4. What is a file of continuous care given to active duty members that documents all outpatient care provided during their career? (Page 4-1)

**HREC**

5. What file of continuous care documents the ambulatory treatment received by a person other than an active duty person, i.e. retiree and family members? (Page 4-2)

**OREC**

6. What medical file documents the care provided to a patient assigned to a designated inpatient bed at an MTF or ship? (Page 4-2)

**IREC**

7. Opening a secondary medical record requires the healthcare provider to write a note on what form in the primary treatment record? (Page 4-2)

**DD Form 2766**

8. What records consist of original healthcare documentation withheld from a patient's primary HREC or OREC? (Page 4-3)

**Ancillary**

9. What record contains the excerpts from a patient's primary record which is kept within the MTF by a treating clinic, service, department, or individual provider for increased access to the information? (Page 4-2)

**Convenience**

10. What system does the Navy Medical Department use to file health records? (Page 4-12)

**TDFS**

11. Approximately how many equal sections are the central files divided into under the Terminal Digit Filing System? (Page 4-12)

**100**

12. Also known as the pink card, what charge out Form Health Record Receipt will be used for the charge out control of medical records? (Page 4-13)

**NAVMED 6150/7**

13. Records charged out from the file should be returned within how many working days or as soon as possible after the patient's visit? (Page 4-13)

**5**

14. How often are all records verified by medical and dental personnel having custody of them? (Page 4-16)

**Annually**

15. What may be used in conjunction with the charge out form when open-shelf filing is used for records? (Page 4-13)

**Charge out guide**

16. What form will the HM make an entry for medical records as well as blacking-out the corresponding year block on the front leaf of the jacket with a black felt-tip pen upon completion of an annual medical record verification? (Page 4-16)

**SF 600**

**SF 600**

17. Upon final discharge or death the completed and verified health and dental records must be sent to the command maintaining the member's service record (no later than how many days following separation) for inclusion in and transmittal with the member's service record? (Page 4-17)

**1**

18. How long should loose forms be retained after reasonable search efforts do not locate the record? (Page 4-20)

**1 year**

19. What form aids healthcare providers by allowing them quick access to pertinent medical factors that may affect how they manage a patient's medical care? (Page 4-20)

**DD Form 2766**

20. How many pages is the DD Form 2766 divided into? (Page 4-20)

**4**

21. How many pages is the DD Form 2766 divided into? (Page 4-20)

**SF 600**

22. What form is routinely used for inpatient admission notes and is filed in the patient's IREC? (Page 4-25)

**SF 509**

23. When a member of the naval service incurs an injury that might result in permanent disability or results in a physical inability to perform duty for a period exceeding how many hours, an entry will be made concerning line-of-duty misconduct? (Page 4-27)

**24**

24. In what series is the specific protocol for recording anthrax immunizations outlined in? (Page 4-27)

**SECNAVINST 6230.4**

25. Refer to BUMEDINST 6224.8 series Tuberculosis Control Program for guidance when recording positive results (of how many mm or more induration) of the tuberculin skin test (TST)? (Page 4-27)

**10**

26. What form should any immunizations recorded on the PHS-731 be transcribed onto? (Page 4-28)

**DD Form 2766**

27. According to international rules, entries on the PHS-731 require authentication for immunizations against smallpox (if administered), yellow fever, cholera, and what else? (Page 4-28)

**Anthrax**

28. What form is initiated when military personnel are first exposed to ionizing radiation (with the exception of patients incurring such radiation while undergoing diagnostic treatment)? (Page 4-28)

**DD FORM 1141**

29. What form is used to summarize clinical data relative to treatment received during periods of hospitalization? (Page 4-29)

**SF 502**

30. The SF 539 may be used as a substitute for the narrative summary for those admissions of a minor nature that require less than how many hours of hospitalization? (Page 4-29)

**48**

31. What form is used for outpatients who need to be referred to other healthcare providers or specialists, such as gynecologists, internists, optometrists, etc...? (page 4-29)

**SF 513**

32. What form is used to order corrective prescription eyewear? (Page 4-30)

**DD form 771**

33. Who is the official responsible for the administration and supervision of the execution of the SECNAVINST 5211.5 series, Department of the Navy Privacy Act Program (PAP), as it pertains to the Health Care Treatment Record System? (Page 4-36)

**Surgeon General of the Navy**

## PATIENT ELIGIBILITY FOR HEALTHCARE

(84 QUESTIONS)

1. Up to how many sessions of outpatient psychotherapy are covered per week in any combination of individual, family, collateral, or group sessions? (Page 16)  
**2**
2. Individual psychotherapy sessions are covered for up to how many minutes? (Page 17)  
**60**
3. Individual psychotherapy crisis sessions are covered for up to how many minutes? (Page 17)  
**120**
4. For up to how many minutes are family or conjoint psychotherapy sessions covered? (Page 17)  
**90**
5. Group psychotherapy sessions are covered for up to how many minutes? (Page 17)  
**90**
6. Psychological testing and assessment is limited to how many hours per fiscal year? (Page 17)  
**6**
7. How many times per fiscal year can authorized users access TRIAP? (Page 18)  
**Unlimited**
8. What program uses secure audio-visual conferencing to connect qualifying beneficiaries with offsite TRICARE-authorized providers? (Page 19)  
**Telemental Health Program**
9. Inpatient psychiatric care patients 19 and older are limited to how many days of treatment per fiscal year or in any single admission? (Page 20)  
**30**
10. Inpatient psychiatric care patients 18 and younger are limited to how many days of treatment per fiscal year or in any single admission? (Page 20)  
**45**
11. A PHP is a treatment setting providing medical therapeutic services at least how many hours per day, five days per week? (Page 21)  
**3**
12. Up to how many days of coverage does TRICARE provide per FY in a TRICARE-authorized program for behavioral health disorders? (Page 21)  
**60**
13. Up to how many days of coverage does TRICARE provide in a TRICARE-authorized RTC and may cover more if the care is medically or psychologically necessary? (Page 21)  
**150**
14. Most RTCs do not accept individuals older than what age? (Page 21)  
**17**
15. How many substance use disorder rehabilitation treatments in a lifetime with one per benefit period does TRICARE cover? (Page 22)  
**3**
16. How many days of rehabilitation per benefit period in a TRICARE-authorized facility does TRICARE cover whether an inpatient or partial hospitalization or a combination of both? (Page 22)  
**21**
17. How many factors determines how you access your behavioral health care? (Page 30)  
**3**
18. The US Family Health Plan (USFHP) is a TRICARE Prime option available in how many geographic areas across the U.S.? (Page 30)  
**6**
19. All non-emergency inpatient behavioral health care admissions require authorization within how many hours of the admission? (Page 36)  
**72**
20. Referrals from your PCM are not required for the first how many outpatient behavioral care visits per beneficiary per fiscal year? (Page 40)  
**8**

21. If you are issued delayed-effective-date active duty orders for more than 30 consecutive days in support of a contingency operation, you and your family may become eligible for TRICARE pre-activation benefits beginning on the date your orders were issued or how many days before you report to active duty, whichever is later? (Page 46)  
**90**
22. Transitional Assistance Management Program (TAMP) provides up to how many days of coverage for you and your eligible family members beginning on your release from your active duty date? (Page 47)  
**180**
23. Once the TAMP period ends or within how many days of your separation date if you are not eligible for TAMP you and your eligible family members can elect CHCBP coverage? (Page 48)  
**60**
24. MTF outpatient care is not available to what beneficiaries? (Page 51)  
**CHCBP**
25. Which year did Congress enact HIPAA to combat fraud and abuse, improve portability of health insurance coverage, and simplify health care administration? (Page 63)  
**1996**
26. Military OneSource offers up to how many cost free and confidential counseling sessions to eligible military personnel and their family members? (Page 70)  
**6**
27. What is the Department of Defense (DoD) health care program for active duty and retired members of the uniformed services, their families, and survivors? (Page 1)  
**TRICARE**
28. The DoD has partnered with TriWest Healthcare Alliance to assist in operating the TRICARE program for more than how many beneficiaries in the TRICARE West Region? (Page 2)  
**2.6 million**
29. Which TRICARE option is available to Active duty service members (ADSMs)? (Page 4)  
**TRICARE Prime**
30. Active duty family member (ADFM)-Spouses and unmarried children up to age 21 (which age if enrolled in college full time) are eligible for TRICARE Prime, TRICARE Extra, and TRICARE Standard? (Page 4)  
**23**
31. Uniformed services retirees under which age are eligible for TRICARE Prime, TRICARE Extra, and TRICARE Standard? (Page 4)  
**65**
32. Active Duty Service Members (ADSMs) who live and work more than how many miles or an hour drive time from an MTF are eligible for TRICARE Prime Remote (TPR)? (Page 4)  
**50**
33. Which TRICARE option is available to Medicare-eligible beneficiaries age 65 and over? (Page 4)  
**TRICARE for Life (TFL)**
34. A newborn is covered as a TRICARE Prime beneficiary for the first how many days after birth—as long as one additional family member is enrolled in TRICARE Prime or TRICARE Prime Remote? (Page 5)  
**120**
35. To use TRICARE benefits, you must have a valid uniformed services or military ID card issued by your service branch and you must be listed in the DEERS database. The ID card states on the back, in the “Medical” block, whether you are eligible for medical care from military or civilian sources. Children under which age can normally use the ID card of their parent or guardian, but they must be registered in DEERS? (Page 5)  
**10**
36. Which system is a database of uniformed services members (sponsors), family members, and others worldwide who are entitled under the law to TRICARE benefits? (Page 5)  
**DEERS**
37. Which TRICARE option offers fewer out-of-pocket costs than any other TRICARE option? (Page 6)  
**TRICARE Prime**
38. Retirees and their family members must pay an annual enrollment fee of \$230 for an individual or how much for a family to enroll in TRICARE Prime? (Page 6)  
**\$460**

39. TRICARE Prime is available to active duty service members, family members, and survivors of active duty personnel; retirees, their family members, and survivors under age 65; and members of the Reserve Component and their families if the sponsor is activated for more than how many consecutive days? (Page 6)

**30**

40. How many days after birth does TRICARE Standard eligibility end for any newborn who is not properly registered in DEERS? (Page 5)

**365**

41. The TRICARE Prime wait time for an urgent care appointment shall not exceed how many hours? (Page 6)

**24**

42. The TRICARE Prime wait time for a routine appointment shall not exceed how many weeks? (Page 6)

**1**

43. The TRICARE Prime wait time for a specialty care appointment or wellness visit shall not exceed how many weeks? (Page 6)

**4**

44. Travel time for TRICARE Prime members, under normal circumstances, may not exceed how many minutes from your home to your PCM's office for primary care? (Page 6)

**30**

45. If TRICARE Prime members are referred by their Primary Care Manager (PCM) for specialty care at a location more than how many miles from their PCM they may be eligible to have their "reasonable travel expenses" reimbursed by TRICARE? (Page 7)

**100**

46. Reasonable travel expenses are the actual costs incurred when traveling such as meals, gas/oil, tolls, parking, and tickets for public transportation (i.e., airplane, train, bus, etc.). Personnel must submit receipts for expenses above which amount? (Page 7)

**\$75**

47. A parent, guardian, or other adult family member\* is authorized to travel with a non-active duty TRICARE Prime-enrolled patient as a non-medical attendant (NMA). If the NMA is not the parent, he or she must be at least which age or older? (Page 7)

**21**

48. For emergencies while traveling away from home, you should dial 911 or go directly to the nearest hospital emergency department. You (or family members on your behalf) should notify your Primary Care Manager (PCM) or regional contractor within how many hours of receiving emergency medical care to allow your doctor the opportunity to arrange for your continuing treatment? (Page 7)

**24**

49. What is the cost-share after deductibles for active duty families under TRICARE Extra? (Page 8)

**15%**

50. What is the cost-share after deductibles for retirees and their families under TRICARE Extra? (Page 8)

**20%**

51. TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM) provide active duty service members in the United States and their eligible family members with the TRICARE Prime option while they are assigned to remote duty stations (typically more than how many miles or an hour's drive time away from the nearest MTF)? (Page 8)

**50**

52. Which TRICARE option are Active duty service members (ADSMs) under full-time orders with a permanent duty assignment who live and work more than 50 miles or one hour's drive time from an MTF required to enroll in? (Page 8)

**TPR**

53. Reserve Component (RC) family members are eligible for TRICARE Prime Remote for Active Duty Family Members (TPRADFM) if their sponsor is activated for more than how many consecutive days and the family members reside with their sponsor (within a TPR-designated ZIP code) upon activation or effective date of orders? (Page 8)

**30**

54. What is TRICARE's Medicare-wraparound coverage for TRICARE beneficiaries age 65 and over who become entitled to Medicare Part A and purchase Medicare Part B? (Page 9)

**TFL**

55. TRICARE Reserve Family Demonstration Project participants are limited to families of Reserve and National Guard members called to active duty for periods of more than how many consecutive days in support of operations that result from the terrorist attacks of September 11, 2001, under Executive Order 13223, 10 U.S.C. 12302, 10 U.S.C. 12301(d), or 32 U.S.C. 502(f)? (Page 10)

**30**

56. What administers the TRICARE Dental Program (TDP)? (Page 10)

**UCCI**

57. Which program offers comprehensive, cost-effective dental coverage for uniformed services retirees and their eligible family members, certain surviving family members of deceased active duty sponsors, and Medal of Honor recipients and their immediate family members and survivors? (Page 11)

**TRDP**

58. The Uniformed Services Family Health Plan (USFHP) is an extra TRICARE Prime option available to families of active duty military, retirees, and their eligible family members, including those age 65 and over, through networks of community-based hospitals and physicians in how many areas of the country? (Page 11)

**6**

59. Certain uniformed services members and their family members may be eligible for transitional health care benefits when the sponsor separates from active duty service through which program? (Page 13)

**TAMP**

60. Up to how many months is the Continued Health Care Benefit Program (CHCBP) intended to provide transitional benefits to former service members and their families, some un-remarried former spouses, and emancipated children (living on their own) who enroll and pay quarterly premiums? (Page 13)

**36**

61. What are the Continued Health Care Benefit Program (CHCBP) quarterly premiums for one person? (Page 13)

**\$933**

62. To receive coverage under CHCBP, eligible persons must enroll by completing a Continued Health Care Benefit Program (CHCBP) application within how many days after separating from active duty or losing their eligibility for TRICARE? (Page 13)

**60**

63. Which type of services are medically necessary services which are required for an illness or injury that would not result in further disability or death if not treated immediately, but require professional attention and have the potential to develop such a threat if treatment is delayed longer than 24 hours? (Page 14)

**Urgent care**

64. What is defined by TRICARE as a medical, maternity, or psychiatric emergency that would lead a “prudent layperson” (someone with average knowledge of health and medicine) to believe that a serious medical condition existed, or the absence of medical attention would result in a threat to his/her life, limb, or sight, and requires immediate medical treatment, or which has painful symptoms requiring immediate attention to relieve suffering? (Page 14)

**Emergency**

65. TRICARE Standard beneficiaries may pay up to what percent above the maximum allowable charge when the provider does not accept assignment (balance billing)? (Page 15)

**15%**

66. Hospice care is available, in lieu of other TRICARE benefits, to provide palliative care to individuals with prognoses of less than how many months to live if the terminal illness runs its normal course? (Page 17)

**6**

67. TRICARE helps pay for maternity care during pregnancy, delivery of the baby, and up to how many weeks after the baby is born? (Page 21)

**6**

68. Outpatient psychotherapy is limited to a maximum of how many psychotherapy sessions per week in any combination of individual, family, collateral, or group sessions? (Page 22)

**2**

69. Prescriptions may be filled (up to a how many-day supply for most medications) at an MTF pharmacy free of charge? (Page 23)

**90**

70. The TRICARE Mail Order Pharmacy (TMOP) is available for prescriptions that you take on a regular basis. You may receive up to a 90-day supply for most medications. What is TMOP administered by? (Page 23)

**Express Scripts, Inc.**

71. What creates a global centralized data repository that records information about prescriptions filled for TRICARE beneficiaries at MTFs, the TRICARE retail pharmacy network, and through TMOP? (Page 24)

**PDTS**

72. In order for a Gastric Bypass to be covered the patient must be at least how many pounds over ideal body weight and have a co-morbidity or 200 percent of ideal body weight with no co-morbidity? (Page 26)

**100**

73. What is the annual deductible for TRICARE Prime or TRICARE Prime Remote (TPR) and TRICARE Prime Remote for Active Duty Family Members (TPRADFM)? (Page 27)

**\$0**

74. The TRICARE Prime Point-of-Service (POS) option applies to all non-referred, nonemergency services received by TRICARE Prime and TPRADFM beneficiaries. The POS deductible applies only to outpatient services, and the cost-share applies to both inpatient and outpatient services. TRICARE reimbursement is limited to what percent of the TRICARE allowable charge? (Page 27)

**50%**

75. The Federal Medical Recovery Act allows TRICARE to be reimbursed for its costs of treating you if you are injured in an accident that was caused by someone else. The DD Form 2527 Statement of Personal Injury Third Party Liability Form will be sent to you if a claim is received that appears to have third party liability involvement. Within how many calendar days, you must complete and sign this form and follow the directions for returning the form to the appropriate claims processor? (Page 28)

**35**

76. Within how many days of the date of the TRICARE Explanation of Benefits (EOB) notice do personnel have the right to appeal in writing certain decisions regarding their claims? (Page 28)

**90**

77. Some non-network providers are allowed to bill a TRICARE Prime enrollee for amounts over what TRICARE pays (not to exceed the TRICARE allowable charge by 15 percent). What is this called? (Page 29)

**Balance billing**

78. What is the claims processor for all claims for beneficiaries who are eligible for both TRICARE and Medicare? (Page 30)

**WPS**

79. An appeal is a dispute with certain payment and/or coverage decisions made by TRICARE. How many types of appeals are there? (Page 32)

**2**

80. Personnel wishing to file an appeal must do so within how many days of the date on the explanation of benefits (EOB)? (Page 32)

**90**

81. Which term is defined as the maximum amount TRICARE will authorize for medical and other services furnished in an inpatient or outpatient setting? (Page 37)

**Allowable charge**

82. What is defined as the annual amount a TRICARE Extra or TRICARE Standard beneficiary must pay for covered outpatient benefits before TRICARE begins to share costs? (Page 38)

**Deductible**

83. How many types of non-network providers are there? (Page 38)

**2**

84. Prior authorizations must be obtained prior to services being rendered or within how many hours of an admission? (Page 39)

**24**



## QUALITY ASSURANCE PROGRAM (NAVY MEDICINE)

### (23 QUESTIONS)

1. What year was the QA program originally issued to standardize QA activities within Naval Medical Command MTF's? (Page 2)

**1984**

2. What must fixed MTFs and DTFs that meet the applicable criteria gain and maintain accreditation by? (Page 2)

**JCAHO**

3. How many years must routine QA program-related documentation be maintained in a secure location prior to disposal? (Page 3)

**5**

4. QA inquiries and medical records related to a potentially compensable event (PCE) and Judge Advocate General (JAGMAN) investigations must be maintained in a secure location at the local command for a minimum of how many years or as long as needed thereafter? (Page 3)

**2**

5. How often should the QA program be reviewed for effectiveness and be revised as necessary? (Page 4)

**Annually**

6. Medical and Dental QA programs support credentials review and privileging activities following what reference? (Page 3)

**BUMEDINST 6320.66**

7. What programs will MTF and DTFs have to monitor resource use and to recommend ways to balance assigned mission statements with existing health care resources? (Page 6)

**Utilization Review (UR)**

8. How many ECOMS are there per individual privileging authority? (Page 8)

**1**

9. What multidisciplinary committee is required when there is more than a single professional discipline providing patient care within the facility or type command under the cognizance of a single privileging authority? (Page 8)

**QA Committee**

10. Who interprets DoD, SECNAV, and CNO policies as well as provides guidance for Navy-wide QA program implementation? (Page 9)

**Chief, BUMED**

11. How often must the Chief, BUMED submit a QA program summary report? (Page 9)

**Annually**

12. MTFs meeting the criteria for participation in the Joint Commission survey process must maintain accreditation per what reference? (Page 10)

**BUMEDINST 6000.2D**

13. How many educational workshops are conducted by the Naval School of Health Sciences located in Bethesda, MD each year in the principles, components, and management of QA programs for naval medical department personnel? (Page 10)

**2**

14. By what date of each year must MTFs and DTFs (claimancy 18 only) forward an annual assessment of the preceding fiscal year's QA program to MED-3C4 with a copy to the cognizant responsible line commander and HLTHCARE SUPPO? (Page 10)

**January 15<sup>th</sup>**

15. What personnel are required to be licensed but are not included in the definition of health care practitioners? (Page 1)

**Clinical Support Staff**

16. What is a determination concerning a monitor outcome confirmed through the peer review process? (Page 1)

**Validation**

17. A medical record is considered delinquent if all required record components are not completed within how many days of patient discharge? (Page 1)

**30**

18. What state occurs when there is a variance from preestablished minimally acceptable standards of care? (Page 1)

**Deficiency**

19. What type of infection is an inpatient acquired infection that was not present or incubated at the time of admission? (Page 2)

**Nosocomial**

20. An infection is considered nosocomial if it first becomes apparent within how many hours or more after admission? (Page 2)

72

21. What is the process by which practitioners of the same or like discipline evaluate the outcomes of QA program-related monitoring activities? (Page 2)

**Peer review**

22. What is an event or outcome during the process of medical or dental care in which the patient suffers a lack of improvement, injury, or illness of severity greater than ordinarily experienced by patients with similar procedures or illnesses? (Page 2)

**PCE**

23. What is the formal and systematic exercise of monitoring and reviewing medical care and outcome called? (Page 2)

**Quality Assurance**

## HEALTH CARE AND TREATMENT

### ANATOMY & PHYSIOLOGY

(257 QUESTIONS)

1. How many sciences is the study of the body divided into? (Page 6-1)

**2**

2. What is the study of body structures and the relation of one part to another? (Page 6-1)

**Anatomy**

3. What is the study of how the body works and how the various parts function individually and in relation to each other? (Page 6-1)

**Physiology**

4. What imaginary plane divides the body into right and left halves on its vertical axis? (Page 6-1)

**Sagittal**

5. What planes are drawn perpendicular to the sagittal lines and divide the body into anterior (front) and posterior (rear) sections? (Page 6-1)

**Frontal**

6. What plane which is drawn at right angles to both sagittal and frontal planes, divides the body into superior (upper) and inferior (lower) sections? (Page 6-1)

**Transverse**

7. To aid in understanding the location of anatomical structures, which standard body position is used as the point of reference? (Page 6-2)

**Anatomical**

8. What process involves the physical and chemical breakdown of food into its simplest forms? (Page 6-3)

**Digestion**

9. What is the process of absorption, storage, and use of foods for body growth, maintenance, and repair? (Page 6-3)

**Metabolism**

10. What is the body's self-regulated control of its internal environment called? (Page 6-3)

**Homeostasis**

11. What is the beginning level of the organization of the body? (Page 6-3)

**Chemical level**

12. What consist of chemical structures organized within larger units (cells) to perform a specific function? (Page 6-3)

**Organelles**

13. What consist of the smallest and most numerous structural unit that possess and exhibits the basic characteristics of living matter? (Page 6-3)

**Cells**

14. What are a group of many similar cells that all develop together from the same part of an embryo and all perform a certain function? (Page 6-3)

**Tissues**

15. What is defined as a structure made up of several different kinds of tissues arranged so that, together, they can perform a special function? (Page 6-3)

**Organ**

16. What are the most complex of the organizational units of the body? (Page 6-3)

**Systems**

17. How many major systems make up the human body? (Page 6-3)

**11**

18. What are a collection of interactive parts that are capable of surviving in hostile environments, with the ability to reproduce and repair damaged parts? (Page 6-4)

**Organisms**

19. What is the smallest and most numerous structural unit that possesses and exhibits the basic characteristics of living matter? (Page 6-4)

**Cell**

20. A typical cell is made up of the plasma membrane, the nucleus, and what else? (Page 6-4)

**Cytoplasm**

21. What is a small, dense, usually spherical body that controls the chemical reactions occurring in the cell? (Page 6-4)

**Nucleus**

22. How many chromosomes does every human cell contain? (Page 6-4)

**46**

23. Tissues are classified into four main groups: epithelial, connective, muscular, and what else? (Page 6-6)

**Nervous**

24. What is the lining tissue of the body called? (Page 6-6)

**Epithelium**

25. What tissue is composed of a single layer of cells whose nuclei are located at the same level as the nuclei in their neighboring cells? (Page 6-7)

**Columnar**

26. In the digestive system, the chief function of columnar tissue is the secretion of digestive fluids and the absorption of nutrients from digested foods. In certain areas (such as the nostrils, bronchial tubes, and trachea), this tissue has a crown of microscopic hair like processes known as what? (Page 6-7)

**Cilia**

27. What tissue is composed of thin plate-like or scale-like cells forming a mosaic pattern? (Page 6-7)

**Squamous epithelial**

28. What tissue is the main protective tissue of the body? (Page 6-7)

**Squamous**

29. In the kidneys, what tissue functions in the secretion and absorption of fluids? (Page 6-7)

**Cuboidal**

30. What tissue is highly vascular, surrounds other cells, encases internal organs, sheathes muscles, wraps bones, encloses joints, and provides the supporting framework of the body? (Page 6-7)

**Connective**

31. What tissue consists of a meshwork of thin fibers that interlace in all directions, giving the tissue both elasticity and tensile strength? (Page 6-8)

**Areolar**

32. What tissue is known as "fatty tissue"? (Page 6-8)

**Adipose**

33. What type of tissue, known as "bone tissue" is dense fibrous connective tissue that forms tendons, ligaments, cartilage, and bones? (Page 6-8)

**Osseous Connective**

34. What tissue provides for all body movement? (Page 6-8)

**Muscular**

35. The three types of muscle tissue are skeletal, smooth, and what else? (Page 6-8)

**Cardiac**

36. What is the most complex tissue in the body? (Page 6-10)

**Nerve**

37. What is the basic cell of nerve tissue? (Page 6-10)

**Neuron**

38. What is the outer skin layer called? (Page 6-11)

**Epidermis**

39. What is a wide area of connective tissue that contains blood vessels, nerve fibers, smooth muscles, and skin appendages? (Page 6-11)

**Dermis**

40. The skin contains two types of nerve fibers, motor and what else? (Page 6-11)

**Sensory**

41. What is the control mechanism to reduce the body's heat by evaporating water from its surface? (Page 6-12)

**Sweat glands**

42. What are modified sweat glands found only in the auditory canal? (Page 6-12)

**Ceruminous**

43. How many bones is the human skeleton composed of? (Page 6-14)

**206**

44. What is the study of the structure of bone? (Page 6-14)

**Osteology**

45. Bone is made up of inorganic mineral salts (calcium and phosphorus being the most prevalent) and what organic substance? (Page 6-14)

**Ossein**

46. What is the thin outer membrane surrounding the bone called? (Page 6-14)

**Periosteum**

47. Where does the pain come from when a bone fractures? (Page 6-15)

**Periosteum**

48. What is the elongated, cylindrical portion (or "shaft") of the bone that is between the epiphyses (sing. epiphysis) or ends of bone? (Page 6-15)

**Diaphysis**

49. How many bones does the skull consist of? (Page 6-16)

**28**

50. The human skeleton is divided into two main divisions, the axial skeleton and what other skeleton? (Page 6-16)

**Appendicular**

51. With the exception of the mandible and the bones of the inner ear, all skull bones are joined together firmly along seams. What are the seams where they join known as? (Page 6-16)

**Sutures**

52. How many major bones form the cranium? (Page 6-16)

**8**

53. What bones form the sides and part of the base of the skull in the area of the ear? (Page 6-16)

**Temporal**

54. What bone forms the back part of the skull and the base of the cranium? (Page 6-16)

**Occipital**

55. What bone is situated in front of the sphenoid bone in the front part of the cranium? (Page 6-17)

**Ethmoid**

56. What bone is posterior to the ethmoid bone providing for the front base of the cranium and forming the floor and sides of the orbits? (Page 6-17)

**Sphenoid**

57. How many stationary bones does the facial skeleton consist of? (Page 6-18)

**14**

58. What bones form the upper jaw, the anterior roof of the mouth, the floors of the orbits, and the sides and floor of the nasal cavity? (Page 6-18)

**Maxillary**

59. What are the small holes on each side of the nasal opening called? (Page 6-18)

**Infraorbital foramina**

60. What bones are responsible for the prominence of the cheeks? (Page 6-19)

**Zygomatic**

61. What bones provide a pathway for the tube that carries tears from the eye to the nasal cavity? (Page 6-19)

**Lacrimal**

62. What bone is connected to the ethmoid bone which together form the nasal septum? (Page 6-19)

**Vomer**

63. How many movable or true vertebrae does the vertebral column consists of along with the sacrum, and the coccyx or tail bone? (Page 6-20)

**24**

64. What protects the spinal cord and the nerves that branch out from it? (Page 6-20)

**Vertebrae**

65. The Sacrum along with what else are found at the bottom of the spinal column? (Page 6-20)

**Coccyx**

66. What is the hole directly behind the body of the vertebrae that forms the passage for the spinal cord called? (Page 6-20)

**Vertebral foramen**

67. How many regions is the spinal column divided into? (Page 6-20)

**5**

68. How many cervical vertebrae are there in the neck? (Page 6-20)

**7**

69. How many vertebrae are there in the thoracic region? (Page 6-20)

**12**

70. How many lumbar vertebrae are there? (Page 6-21)

**5**

71. The sacrum is the triangular bone immediately below the lumbar vertebrae. It is composed of five separate vertebrae that gradually fuse together between 18 and how many years of age? (Page 6-21)

**30**

72. What (which is commonly called the “collar bone”) lies nearly horizontally above the first rib and is shaped like a flat letter S? (Page 6-22)

**Clavicle**

73. What is the longest bone of the upper extremity which is often called the arm bone? (Page 6-24)

**Humerus**

74. How many carpal bones arranged in two rows that form the wrist are there? (Page 6-24)

**8**

75. What are the small bones of the fingers called? (Page 6-24)

**Phalanges**

76. What bone, commonly known as the hip, is a large, irregularly shaped bone composed of three parts: the ilium, ischium, and pubis? (Page 6-25)

**Innominate**

77. What forms the outer prominence of the hip bone? (Page 6-26)

**Ilium**

78. What is the area where the two pubic bones meet called? (Page 6-26)

**Symphysis pubis**

79. What is the longest bone in the body? (Page 6-26)

**Femur**

80. What is the small oval-shaped bone overlying the knee joint called? (Page 6-27)

**Patella**

81. What are bones that develop within a tendon known as? (Page 6-27)

**Sesamoid**

82. How many tarsal bones form the tarsus (ankle)? (Page 6-28)

**7**

83. How many metatarsal bones make up the metatarsus? (Page 6-28)

**5**

84. What binds various parts of the skeletal system together and enables body parts to move in response to skeletal muscle contractions? (Page 6-29)

**Joint**

85. There are six classifications of freely movable joints: ball-in-socket, condyloid, gliding, hinge, pivot, and what else? (Page 6-30)

**Saddle**

86. What reach across the joints from one bone to another to keep bones stable? (Page 6-30)

**Ligaments**

87. What is the injury called when ligaments are torn? (Page 6-30)

**Sprain**

88. What is the injury called when bones are chipped or broken? (Page 6-30)

**Fracture**

89. Joint movements are generally divided into four types: gliding, angular, rotation, and what else? (Page 6-31)

**Circumduction**

90. How many bony parts does the TMJ consist of? (Page 6-33)

**3**

91. What is the point of fixed attachment of a muscle to the bone called? (Page 6-33)

**Origin**

92. Muscles seldom act alone; they usually work in groups held together by sheets of a white fibrous tissue called what? (Page 6-33)

**Fascia**

93. What is a muscle that is relaxing while a prime mover is contracting called? (Page 6-34)

**Antagonist**

94. The chemical action of muscle fibers consists of contraction and what else? (Page 6-34)

**Recovery**

95. What is the continual state of partial contraction that gives the muscle firmness? (Page 6-34)

**Tonicity**

96. Rigor mortis occurs as early as how many minutes to several hours after death? (Page 6-34)

**10**

97. How many types of muscle tissue are there? (Page 6-35)

**3**

98. What type of muscle tissue forms the bulk of the walls and septa (or partitions) of the heart, as well as the origins of the large blood vessels? (Page 6-35)

**Cardiac**

99. What is the process of chewing food in preparation for swallowing and digestion called? (Page 6-37)

**Mastication**

100. Which cheek muscle prevents food from escaping the chewing action of the teeth? (Page 6-38)

**Buccinator**

101. What is the area of the external lips where the red mucous membrane ends and normal outside skin of the face begins known as? (Page 6-38)

**Vermilion border**

102. What act as taste buds and provides the tongue with friction for handling food? (Page 6-39)

**Papillae**

103. How many sections is the palate divided into? (Page 6-40)

**2**

104. How many pints of saliva per day do the salivary glands produce which greatly aid the digestion process? (Page 6-40)

**2-3**

105. What is the process of swallowing food called? (Page 6-41)

**Deglutition**

106. What muscle when it becomes damaged results in a common condition known as a “stiff neck”? (Page 6-41)

**Sternocleidomastoid**

107. What is the large triangular muscle that forms the prominent chest muscle called? (Page 6-42)

**Pectoralis major**

108. What muscle raises the arm and has its origin in the clavicle and the spine of the scapula? (Page 6-42)

**Deltoid**

109. What is the prominent muscle on the anterior surface of the upper arm called? (Page 6-42)

**Biceps brachii**

110. What is the broad, flat muscle that covers approximately one-third of the back on each side? (Page 6-42)

**Latissimus dorsi**

111. Quadriceps area group of how many muscles that make up the anterior portion of the thigh? (Page 6-43)

**4**

112. What adducts the thigh, and flexes and medially rotates the leg? (Page 6-43)

**Gracilis**

113. What is the longest muscle in the body called? (Page 6-43)

**Sartorius**

114. What is the primary muscle of respiration, modifying the size of the thorax and abdomen vertically? (Page 6-43)

**Diaphragm**

115. What is fluid tissue composed of formed elements (i.e. cells) suspended in plasma called? (Page 6-44)

**Blood**

116. How many liters of blood volume does the average adult have? (Page 6-44)

**5 to 6**

117. What percent of whole blood (plasma and cells) is constituted of plasma? (Page 6-44)

**55**

118. What thin layer is formed by WBCs and platelets when blood components are separated between the plasma and RBC layers? (Page 6-44)

**Buffy coat**

119. How many red cells per cubic millimeter does the blood of the average man contain? (Page 6-45)

**5,000,000**

120. What is the key to the red cell's ability to carry oxygen and carbon dioxide? (Page 6-45)

**Hemoglobin**

121. The combination of hemoglobin along with what else produce dark red (venous) blood? (Page 6-45)

**Carbon dioxide**

122. How many days do red blood cells typically live in the body? (Page 6-45)

**100-120**

123. What is the typical ratio of white cells to red cells in the body? (Page 6-45)

**1:600**

124. What protect the body against disease? (Page 6-46)

**Leukocytes**

125. About how many Thrombocytes are there on average per cubic millimeter of blood? (Page 6-46)

**250,000**

126. What is an inherited disease characterized by delayed clotting of the blood and consequent difficulty in controlling hemorrhage? (Page 6-46)

**Hemophilia**

127. How many interrelated pumps does the heart act as? (Page 6-47)

**4**

128. What is the membranous sac that encloses the heart called? (Page 6-47)

**Pericardium**

129. What is the contraction of the heart called? (Page 6-47)

**Systole**

130. What is the relaxation of the heart called? (Page 6-47)

**Diastole**

131. What is commonly called the pacemaker of the heart because it stimulates and maintains heart contractions? (Page 6-49)

**Sinoatrial (SA) node**

132. About how many beats per minute is the normal heart rate? (Page 6-49)

**80**

133. What is the difference between systolic and diastolic pressure known as? (Page 6-50)

**Pulse pressure**

134. What form a closed circuit of tubes that transport blood between the heart and body cells? (Page 6-50)

**Blood vessels**

135. How many classifications do the blood vessels of the body fall into? (Page 6-50)

**3**

136. What carry blood away from the heart to all parts of the body? (Page 6-50)

**Arteries**

137. Approximately how many miles of capillaries are there in the body? (Page 6-50)

**60,000**

138. As the blood passes through the capillaries, it releases oxygen and nutritive substances to the tissues and takes up various waste products to be carried away by what? (Page 6-50)

**Venules**

139. What system is comprised of vessels that collect blood from the capillaries and carry it back to the heart? (Page 6-51)

**Venous**

140. What is the largest artery in the body and is a large tube-like structure arising from the left ventricle of the heart? (Page 6-51)

**Aorta**

141. How many large arteries are there that arise from the aorta as it arches over the left lung? (Page 6-51)

**3**

142. The pulmonary, portal, along with what else comprise the three principal venous systems in the body? (Page 6-53)

**Systemic**

143. What vein is most commonly used for venipuncture? (Page 6-54)

**Median cubital**



144. What are all the tissues of the body continuously bathed in? (Page 6-56)

**Interstitial fluid**

145. What is interstitial fluid called once it enters lymphatic capillaries? (Page 6-56)

**Lymph**

146. Lymph nodes are small bean-shaped bodies of lymphatic tissue found in what size groups along the course of the lymph vessels? (Page 6-60)

**2-15**

147. What proteins interfere with the ability of viruses to cause diseases? (Page 6-61)

**Interferon**

148. What is the memorization and production of antibodies called? (Page 6-61)

**Active immunity**

149. There are five major types of Glia cells, Astrocytes, Microglia, Ependymal cells, Oligodendrocytes, and what other cells? (Page 6-62)

**Scwhann**

150. What help to feed the brain and make up the Blood Brain Barrier? (Page 6-62)

**Astrocytes**

151. What enlarge, engulf, and destroy microorganisms and cellular debris? (Page 6-62)

**Microglia**

152. What produce the fatty myelin sheath around the nerve fibers in the CNS? (Page 6-62)

**Oligodendrocytes**

153. The structure and functional unit of the nervous system is the nerve cell, or neuron, which can be classified into how many types? (Page 6-63)

**3**

154. What is a cordlike bundle of fibers held together with connective tissue? (Page 6-64)

**Nerve**

155. The brain has six major divisions, the medulla oblongata, pons, midbrain, diencephalon, cerebrum along with what else? (Page 6-65)

**Cerebellum**

156. What is the largest and most superiorly situated portion of the brain called? (Page 6-65)

**Cerebrum**

157. What part of the brain is chiefly concerned with bringing balance, harmony, and coordination to the motions initiated by the cerebrum? (Page 6-65)

**Cerebellum**

158. What is the inferior portion of the brain which is the last division before the beginning of the spinal cord? (Page 6-65)

**Medulla oblongata**

159. How many layers of membranes is the outer surface of the brain and spinal cord covered with? (Page 6-66)

**3**

160. What forms cerebrospinal fluid? (Page 6-66)

**Plexus**

161. What is the total quantity of spinal fluid that bathes the spinal cord? (Page 6-66)

**75 ml**

162. The Peripheral Nervous System (PNS) includes 12 pairs of cranial nerves along with how many pairs of spinal nerves? (Page 6-68)

**31**

163. What nerve provides the sense of smell? (Page 6-71)

**Olfactory**

164. What nerve governs the sensation of the forehead, face and the clenching of the jaw? (Page 6-71)

**Trigeminal**

165. What nerves transmit sensation from the upper mouth and throat area? (Page 6-71)

**Glossopharyngeal**

166. What nerve governs the muscle activity of the tongue? (Page 6-71)

**Hypoglossal**

167. How many pairs of spinal nerves that originate from the spinal cord are there? (Page 6-72)

**31**

168. What system informs areas of the cerebral cortex of changes that are taking place within the body or in the external environment? (Page 6-73)

**Sensory**

169. The sensation of taste is limited to sour, sweet, bitter, savory, and what else? (Page 6-73)

**Salty**

170. What consists of structures that produce tears and drains them from the surface of the eyeball? (Page 6-73)

**Lacrimal apparatus**

171. What helps to give the cornea its curved shape? (Page 6-74)

**Aqueous humor**

172. The eyeball is composed of three layers; sclera, choroid, and what else? (Page 6-75)

**Retina**

173. What is a circular, pigmented muscular structure that gives color to the eye? (Page 6-75)

**Iris**

174. What is the opening in the iris called? (Page 6-75)

**Pupil**

175. What separates the eye into anterior and posterior cavities? (Page 6-75)

**Lens**

176. What is the area where the optic nerve enters the eyeball that contains no rods and cones called? (Page 6-76)

**Optic disc**

177. What is the process by which the lens increases or decreases its curvature to refract light rays into focus on the fovea centralis? (Page 6-76)

**Accommodation**

178. How many parts is the ear divided into? (Page 6-77)

**3**

179. What collects sound waves from the environments that are conducted by the external auditory canal (about 3cm long) to the eardrum? (Page 6-77)

**Auricle**

180. What aids in protecting the eardrum against foreign bodies and microorganisms? (Page 6-77)

**Cerumen**

181. About how long is the eustachian tube that connects the middle ear with the nasopharynx? (Page 6-78)

**36 mm**

182. What is the fluid called that the inner ear is filled with? (Page 6-78)

**Endolymph**

183. What are the chemical messengers called that the endocrine system sends messages through? (Page 6-80)

**Hormones**

184. What is a structure in the brain that synthesizes chemicals that are secreted to the pituitary gland to release hormones and to help regulate body temperature? (Page 6-81)

**Hypothalamus**

185. What is often called the master gland of the body as it influences many other endocrine glands? (Page 6-82)

**Pituitary gland**

186. What is the growth hormone that influences body growth and development? (Page 6-82)

**Somatotropin**

187. Antidiuretic hormone (ADH) along with what else are the two hormones that are stored by the posterior pituitary gland? (Page 6-83)

**Oxytocin**

188. When ADH is not produced in adequate amounts, the daily urine volume increases to 10 and 15 liters instead of the normal 1.5 liters. What is this condition known as? (Page 6-83)

**Diabetes insipidus**

189. When ADH is not produced in adequate amounts, the daily urine volume increases to 10 and 15 liters instead of the normal 1.5 liters. What is this condition known as? (Page 6-83)

**Diabetes insipidus**

190. What stimulates the contraction of uterus muscles particularly during the delivery of a baby? (Page 6-83)

**Oxytocin**

191. What is essential for the formation of thyroxin? (Page 6-83)

**Iodine**

192. What condition is caused by an insufficient secretion of thyroxin? (Page 6-83)

**Hypothyroidism**

193. What is a condition characterized by retarded mental and physical development? (Page 6-83)

**Cretinism**

194. What regulates the calcium and phosphorus content of the blood and bones? (Page 6-85)

**Parathormone (PTH)**

195. How many types of steroid hormones that are of vital importance do specialized cells in the outer layer of the adrenal cortex produce? (Page 6-85)

**3**

196. What are the regulators of fluid and electrolyte balance? (Page 6-85)

**Mineralocorticoids**

197. What lowers blood sugar levels by increasing tissue utilization of glucose and stimulating the formation and storage of glycogen in the liver? (Page 6-86)

**Insulin**

198. What male hormone do testes produce and secrete that influence the development and maintenance of the male accessory sex organs and the secondary sex characteristics? (Page 6-87)

**Testosterone**

199. What influences the development and maintenance of the female accessory sex organs and the secondary sex characteristics, and promotes changes in the mucous lining of the uterus (endometrium) during the menstrual cycle? (Page 6-87)

**Estrogen**

200. What hormone do early pregnancy tests detect? (Page 6-88)

**HCG**

201. What is the exchange of oxygen and carbon dioxide between the atmosphere and the cells of the body called? (Page 6-88)

**Respiration**

202. What serves both the respiratory and digestive systems and aids in speech? (Page 6-90)

**Pharynx**

203. What is a lid-like, leaf-shaped cartilaginous structure that covers the entrance to the larynx and separates it from the pharynx? (Page 6-90)

**Epiglottis**

204. What is responsible for the production of vocal sound (voice)? (Page 6-91)

**Larynx**

205. What are the thin, microscopic air sacs within the lungs called? (Page 6-92)

**Alveoli**

206. What are the airtight membranes that cover the outer surface of the lungs and line the chest wall called? (Page 6-94)

**Pleurae**

207. What are the tissue and organs of the thoracic cavity called that form a septum between the lungs? (Page 6-94)

**Mediastinum**

208. What is the primary muscle of respiration called? (Page 6-95)

**Diaphragm**

209. What is the nerve that controls the diaphragm called? (Page 6-95)

**Phrenic nerve**

210. About how much air do the lungs hold when they are filled to capacity? (Page 6-95)

**6,200 ml**

211. Mechanical digestion occurs when food is chewed, swallowed, and propelled by a wave-like motion called what? (Page 6-96)

**Peristalsis**

212. How long is the alimentary canal (tract)? (Page 6-97)

**9 meters**

213. What is the passageway between the mouth and the esophagus called? (Page 6-99)

**Pharynx**

214. What is the cartilaginous flap that closes the opening to the larynx when food is being swallowed down the pharynx? (Page 6-99)

**Epiglottis**

215. About how long is the esophagus? (Page 6-99)

**10 inches**

216. What acts as the initial storehouse for swallowed material and helps in the chemical breakdown of food substances? (Page 6-100)

**Stomach**

217. What activates pepsin from pepsinogen, kills bacteria that enter the stomach, inhibits the digestive action of amylase, and helps regulate the opening and closing of the pyloric sphincter? (Page 6-100)

**Hydrochloric acid**

218. What is a protein-splitting enzyme capable of beginning the digestion of nearly all types of dietary protein? (Page 6-100)

**Pepsin**

219. What covers the intestines and the organs by secreting a serous fluid preventing friction between adjacent organs? (Page 6-101)

**Peritoneum**

220. About how long is the small intestine? (Page 6-101)

**7 meters**

221. The small intestine is divided into three contiguous parts: the duodenum, jejunum, and what else? (Page 6-101)

**Ileum**

222. After ingestion, it takes 20 minutes to how long for the first portion of the food to pass through the small intestine to the beginning of the large intestine? (Page 6-102)

**2 hours**

223. How many liters of saliva per day do salivary glands produce which greatly aid in the digestion process? (Page 6-103)

**1.7**

224. What is the largest gland in the body? (Page 6-105)

**Liver**

225. What receives bile from the liver and then concentrates and stores it? (Page 6-105)

**Gallbladder**

226. What is the primary filtering system of the body? (Page 6-107)

**Urinary system**

227. What is the tube called that carries urine from the bladder to the outside of the body? (Page 6-107)

**Urethra**

228. What are the functional units of the kidneys called? (Page 6-109)

**Nephrons**

229. What is the artery that supplies blood to the kidneys called? (Page 6-109)

**Renal**

230. About how many nephrons are there in each kidney? (Page 6-109)

**1 million**

231. What is the process by which the peritubular capillary transports certain substances directly into the fluid of the renal tubule? (Page 6-110)

**Secretion**

232. The glomerulus filters an estimated 1,200 ml of blood through the kidneys each minute (or 2,500 gallons in 24 hours) and about how many gallons of glomerular filtrate in 24 hours? (Page 6-111)

**80**

233. How many bundles of smooth muscle fibers does the wall of the bladder consist of? (Page 6-112)

**4**

234. What is the process by which urine is expelled from the bladder called? (Page 6-112)

**Micturition**

235. Up to how many ml of urine can the bladder hold? (Page 6-112)

**600**

236. About how long is the female urethra? (Page 6-112)

**4 cm**

237. About how long is the male urethra? (Page 6-112)

**20 cm**

238. What part of the male and female reproductive systems are concerned with the process of reproducing offspring, and each organ is adapted to perform specialized tasks? (Page 6-113)

**Gonads**

239. How many or more cone shaped lobules is the interior of the testis divided into? (Page 6-114)

**200**

240. What is the process by which sperm cells are produced called? (Page 6-114)

**Spermatogenesis**

241. What secretes the glycogen hormone which helps sustain the lives of stored sperm cells and promotes their maturation? (Page 6-115)

**Epididymis**

242. What is the small tube that connects the epididymis and ejaculatory duct? (Page 6-115)

**Vas deferens**

243. What is the cutaneous pouch containing the testes and part of the spermatic cord? (Page 6-116)

**Scrotum**

244. What are the primary female reproductive organs? (Page 6-117)

**Ovaries**

245. Approximately how many primordial follicles are there at puberty? (Page 6-118)

**400,000**

246. What is the process by which the mature oocyte is released from the primordial follicle called? (Page 6-118)

**Ovulation**

247. How often are ovums typically released by ovaries? (Page 6-118)

**Every 56 days**

248. How many days in duration are menstrual cycles for most women? (Page 6-118)

**28**

249. What stimulates the enlargement of mammary glands and ducts, and increases fat deposits in female breasts during puberty? (Page 6-119)

**Progesterone**

250. What serve as the ducts for ovaries that provide a passageway to the uterus? (Page 6-119)

**Fallopian tubes**

251. What receives the embryo that results from the fertilization of an egg cell and to sustain its life during development? (Page 6-120)

**Uterus**

252. What is the lower one-third portion of the uterus that projects into the upper part of the vagina called? (Page 6-120)

**Cervix**

253. How many layers does the wall of the vagina consist of? (Page 6-120)

**3**

254. What are many of the external accessory organs of the female reproductive system collectively referred to as? (Page 6-120)

**Vulva**

255. What is the area enclosed by the labia minora that includes those vaginal and urethral openings? (Page 6-121)

**Vestibule**

256. Around what age do females begin to experience the female reproductive cycle? (Page 6-122)

**11**

257. What is the rupture of a primordial follicle with the release of a mature ovum into the fallopian tubes called? (Page 6-122)

**Ovulation**

**CBR**

**(268 QUESTIONS)**

1. During what conflict did the first large-scale use of chemical agents happen? (Page 23-1)

**World War I**

2. Lethal agents are those that result in what percent or greater death rate among casualties? (Page 23-3)

**10**

3. What is the most widely used method of detecting liquid chemical warfare agents? (Page 23-3)

**M9 paper**

4. How many Mission-Orientated Protective Posture (MOPP) levels are there? (Page 23-4)

**5**

5. What chemical agent detector kit is a portable kit that detects nerve gas, mustard gas, and cyanide? (Page 23-4)

**M256A1**

6. A chemical agent on the skin can be removed effectively by using what skin decontamination kit? (Page 23-5)

**M291**

7. What agents are of the greatest concern as compared to all chemical agents? (Page 23-5)

**Nerve**

8. What can be used to remove the nerve agent from the enzyme acetylcholinesterase within the synaptic cleft (the space between the nerve cells) of the nervous system? (Page 23-6)

**2-PAM CL**

9. What is a single autoinjector that has two chambers that deliver 2.1 mg of Atropine and 600mg of 2-PAM CL in a single injection? (Page 23-6)

**ATNAA**

10. Decontamination of chemical agents on the skin within 1 minute after contamination is perhaps how many times more effective than if decontamination is delayed 5 minutes? (Page 23-5)

**10**

11. What agents exert their primary action on the skin, producing large and painful blisters that are incapacitating? (Page 23-7)

**Vesicants**

12. What is the most vulnerable part of the body to mustard gas? (Page 23-8)

**Eyes**

13. What type of agents basic physical actions disrupt oxygen utilization at the cellular level causing cellular suffocation? (Page 23-9)

**Blood**

14. What agents damage the membranes in the lungs that separate the alveolar tissue resulting in fluid from the blood, known as plasma, to leak into the alveoli and fill them with fluid? (Page 23-10)

**Pulmonary**

15. How many hours does it usually take for cyanides to dissipate? (Page 23-10)

**24**

16. What colorless gas has a distinctive odor similar to that of new-mown hay or freshly cut grass? (Page 23-10)

**Phosgene**

17. The initial management of a casualty contaminated by chemical agents will require removal of MOPP and decontamination with what percent hypochlorite before treatment? (Page 23-14)

**0.5%**

18. What are essentially local irritants that act primarily on the eyes? (Page 23-12)

**Lacrimators**

19. How many different types of Biological Agents used as weapons are there? (Page 23-16)

**3**

20. What are single celled organisms called that are capable of causing a variety of diseases in animals, plants, and humans? (Page 23-16)

**Bacteria**

21. What are intracellular parasites that lack a system for their own metabolism called? (Page 23-16)

**Viruses**

22. With recent advances in diagnostic testing, biological agents can be detected in the field. A first-line presumptive test is the Hand-Held Assay Panel that can make an indication of the presence of several biological agents within how many minutes? (Page 23-17)

**15**

23. What is the disease caused by the bacterium *Bacillus anthracis*? (Page 23-18)

**Anthrax**

24. How many types of anthrax are in humans? (Page 23-18)

**3**

25. The average is from 1 to 7 days, although incubation periods of up to how many days can be possible for Anthrax? (Page 23-18)

**60**

26. About what percent of untreated cases of cutaneous anthrax will result in death? (Page 23-18)

**20%**

27. What percent of cases will death result from intestinal anthrax? (Page 23-19)

**25%-60%**

28. What are the primary treatment required for Anthrax? (Page 23-19)

**Antibiotics**

29. What is an infectious disease that affects animals and humans that is caused by the bacterium *Yersinia pestis*? (Page 23-19)

**Plague**

30. What is the most common form of plague? (Page 23-20)

**Bubonic**

31. What is the most toxic substance known that is 10-15,000 times more toxic than VX nerve agent by weight? (Page 23-22)

**Botulinum**

32. What is derived from the beans of the castor plant (*Ricinus communis*) and can be made from the waste material left over from processing castor beans and is a potent toxin that has potential to be used as an agent of biological warfare and as a weapon of mass destruction? (Page 23-23)

**Ricin**

33. What is a serious, contagious, and sometimes fatal infectious disease caused by the variola virus that emerged in human populations thousands of years ago? (Page 23-24)

**Smallpox**

34. What is the most severe and common form of smallpox? (Page 23-24)

**Variola Major**

35. How many days after exposure to the virus do symptoms of smallpox infection usually appear within? (Page 23-24)

**10-12**

36. It may lessen the severity of illness or even prevent illness if a person infected with smallpox gets the smallpox vaccine within how many days after exposure to the virus? (Page 23-25)

**4**

37. Viral hemorrhagic fevers (VHFs) refer to a group of illnesses that are caused by how many distinct families of viruses? (Page 23-25)

**4**

38. What is the only approved VHF vaccination for? (Page 23-26)

**Yellow Fever**

39. The first use of an atomic weapon during war took place during what conflict? (Page 23-27)

**WWII**

40. What is any device called that causes the purposeful dissemination of radioactive material across an area without a nuclear detonation? (Page 23-27)

**RDD**

41. What may be defined as the spontaneous and instantaneous decomposition of the nucleus of an unstable atom with the accompanying emission of a particle, a gamma ray, or both? (Page 23-28)

**Radioactivity**

42. When radiation interacts with atoms, energy is deposited, resulting in what? (Page 23-28)

**Ionization**

43. What are heavy, very short-range particles that are not able to penetrate clothing or human skin? (Page 23-28)

**Alpha**

44. What is a light, short-range particle that is actually an ejected electron? (Page 23-28)

**Beta radiation**

45. Compared to gamma rays, neutrons can cause how many times greater damage to tissue? (Page 23-28)

**20**

46. What is used to measure a quantity of absorbed dose of radiation? (Page 23-29)

**RAD**

47. The Roentgen equivalent man (Rem) along with what else are two other units that may be used to express radiation units? (Page 23-29)

**Sievert (Sv)**

48. What is used to perform ground radiological surveys in vehicles or in dismounted mode by individual personnel as a handheld instrument? (Page 23-30)

**AN/VDR 2**

49. What is a compact, handheld, or pocket carried, tactical device that can measure prompt gamma/neutron doses from a nuclear event? (Page 23-30)

**AN/UDR 13**

50. What is a multi range Radiac device that detects beta and gamma radiation? (Page 23-30)

**AN/PDQ-1**

51. What is an essential component in preventing/reducing radiation exposure? (Page 23-31)

**Shielding**

52. What is the most effective shielding material in preventing/reducing radiation exposure? (Page 23-31)

**Lead**

53. What is an acute illness caused by irradiation of the body by high dose of penetrating radiation in a very short period of time, usually a matter of minutes? (Page 23-32)

**ARS**

54. What is a medical condition caused by long term exposure to low dose radiation? (Page 23-33)

**CRS**

55. Which year was the Chemical Weapons Convention (CWC) signed by 130 countries? (Page 1-1)

**1993**

56. Which type of agents inhibit the cholinesterase enzymes? (Page 1-2)

**Nerve**

57. Which type of agents produce pain and injury to the eyes, reddening and blistering of the skin, and when inhaled, damage to the mucous membranes and respiratory tract? (Page 1-2)

**Blister**

58. Which type of agents produce injury to the lungs, eye irritation, and injure the respiratory tract? (Page 1-2)

**Choking**

59. Which type of blister agent may produce major destruction of the epidermal layer of the skin? (Page 1-2)

**Mustard**

60. Which type of agents are transported by the blood to all body tissues where the agent blocks the oxidative processes, preventing tissue cells from utilizing oxygen? (Page 1-2)

**Blood**

61. Which Mission-Oriented Protective Posture (MOPP) level will be immediately assumed when entering an area known to be or suspected of being contaminated with an NBC agent? (Page 1-2)

**MOPP 4**

62. What must be used when an MTF is expected to operate in an NBC contaminated area? (Page 1-3)

**CPS**

63. What performs water purification in the U.S. Army? (Page 1-3)

**Quartermaster water purification units**

64. How many degrees should be added to the Wet Bulb Globe Temperature (WBGT) index at MOPP 4? (Page 1-3)

**10°F**

65. Which type of Chemical Agent Detector Paper detects the presence of liquid nerve agents and blister agents but doesn't distinguish between the types of agent involved? (Page 1-4)

**M9E1**



66. Which type of skin decontaminating kits should be used to decontaminate the skin following contamination with vesicants or nerve agents? (Page 1-4)

**M291 or M258A 1**

67. Which type of Chemical Agent Detector Paper can be used to detect and identify liquid V- and G-type nerve agents as well as H-type blister agents? (Page 1-3)

**VGH ABC-M8**

68. What consists of those procedures for optimizing medical care to ensure the maximum return to duty (RTD) on the battlefield? (Page 1-4)

**Medical Management**

69. How many packets does the M291 kit contain which can do 3 complete skin decontaminations? (Page 1-4)

**6**

70. How many packets does the M258A1 kit contain? (Page 1-4)

**6**

71. Which type of first-aid measures can service members apply in helping themselves? (Page 1-5)

**Self-Aid**

72. Which type of first-aid consists of emergency actions undertaken by individuals to restore or maintain vital body functions in a casualty? (Page 1-5)

**Buddy Aid**

73. Which type of treatment consists of those procedures undertaken to return soldiers to duty, to save life and limb, and to stabilize the patient for evacuation to the next level of medical care? (Page 1-5)

**Medical**

74. Which type of agent smells like garlic or horseradish? (Page 1-6)

**Mustard**

75. Which type of agent smells like green corn, grass, or new-mown hay? (Page 1-6)

**Phosgene**

76. Which type of agent smells like faint bitter almonds? (Page 1-6)

**Hydrogen cyanide**

77. Which type of agents smell like burning fireworks? (Page 1-6)

**Vomiting**

78. Which type of agents are among the deadliest of chemical agents and may produce rapid symptoms? (Page 2-1)

**Nerve**

79. What is the most rapid and effective route of nerve agent absorption? (Page 2-1)

**Inhalation**

80. Within how many seconds after the first warning of a nerve agent presence should personnel hold their breath and don their protective mask to prevent inhaling an incapacitating or lethal dose? (Page 2-1)

**9**

81. Which skin decontamination kits can be used to effectively remove a nerve agent from the skin? (Page 2-2)

**M291 or M258A1**

82. Which enzymes do nerve agents inhibit throughout the body? (Page 2-2)

**Cholinesterase**

83. What is the earliest ocular effect which follows minimal symptomatic exposure to nerve vapor? (Page 2-2)

**Miosis**

84. How many hours does Miosis last following minimal symptomatic exposure to nerve vapor? (Page 2-2)

**24-72**

85. What is an early local symptom of respiratory exposure to nerve agents? (Page 2-5)

**Chest tightness**

86. How many 2 PAM C1 auto injectors are issued to Navy personnel? (Page 2-8)

**3**

87. How many days can Miosis last following severe symptomatic exposure to nerve vapor? (Page 2-2)

**14**

88. Which type of drug acts by blocking the effects of acetylcholine at muscarinic receptors and produces relief from many nerve agent symptoms? (Page 2-9)

**Atropine**

89. Which type of nerve agent is 2 PAM C1 least effective against? (Page 2-9)

**Soman (GD)**

90. Which oxime increases the effectiveness of drug therapy in poisoning by some but not all cholinesterase inhibitors? (Page 2-9)

**2 PAM Cl**

91. What antagonizes the convulsive action of nerve agents? (Page 2-9)

**Diazepam**

92. How many minutes does it take for a 2-mg intramuscular (IM) injection of Atropine to reach its peak effectiveness? (Page 2-9)

**3-10**

93. How many minutes does it take for a 600-mg intramuscular (IM) injection of 2 PAM Cl to be effective? (Page 2-9)

**6-8**

94. How many minutes does it take for a 10-mg intramuscular (IM) injection in the thigh of Diazepam to produce significant plasma levels? (Page 2-9)

**10**

95. The administration of a single dose of 10 mg of Diazepam to an individual who has absorbed minimal to no nerve agent produces significant performance decrements for about how many hours? (Page 2-11)

**2-5**

96. As much as how many milligrams of atropine may be required for treatment in a 24-hour period in the presence of severe nerve agent poisoning? (Page 2-11)

**50**

97. How many components does the MARK I kit consist of? (Page 2-12)

**4**

98. How many sets of the MARK I kit for the treatment of nerve agent poisoning is each person in the U.S. Army and the U.S. Air Force authorized to carry? (Page 2-12)

**3**

99. Around which temperature does the atropine and 2 PAM Cl solutions freeze? (Page 2-12)

**30°F**

100. What is intended to prevent or ameliorate convulsions in moderate to severe nerve agent poisoning cases? (Page 2-13)

**Diazepam (CANA)**

101. How many tablets does the Nerve Agent Pyridostigmine Pretreatment (NAPP) set consist of? (Page 2-15)

**21**

102. How many hours prior to nerve agent exposure should Nerve Agent Pyridostigmine Pretreatment (NAPP) medication be taken? (Page 2-15)

**8**

103. How many Nerve Agent Pyridostigmine Pretreatments (NAPPs) is each service member initially issued when the chemical protective ensemble is expected to be opened for use? (Page 2-16)

**1**

104. What protects acetylcholinesterase against nerve agents? (Page 2-16)

**Pyridostigmine**

105. Pyridostigmine significantly enhances the efficacy of the MARK I within how many hours after taking the first tablet? (Page 2-16)

**1-3**

106. Administration of Nerve Agent Pyridostigmine Pretreatment (NAPP) beyond how many days is not recommended without a thorough evaluation of the situation and recommendation of the medical authority? (Page 2-18)

**14**

107. How many weeks worth of Nerve Agent Pyridostigmine Pretreatment (NAPP) supply will be maintained by units for each member? (Page 2-18)

**2**

108. Which temperature range should Nerve Agent Pyridostigmine Pretreatment (NAPP) be stored at? (Page 2-18)

**35°F-46°F**

109. Which type of chemical agent produces temporary disabling conditions? (Page 3-1)

**Incapacitating**

110. How many types of chemical agents are likely to be encountered in military use? (Page 3-1)

**2**

111. Which type of agents cause excessive nervous activity by facilitating transmission of impulses? (Page 3-1)

**Central nervous system stimulants**

112. Which type of compounds produce their effects by interfering with information transmission across central synapses? (Page 3-1)

**Central nervous system depressants**

113. What is the half-life of physostigmine? (Page 3-3)

**30 minutes**

114. What is the best present known treatment for LSD intoxication? (Page 3-3)

**Diazepam**

115. Which type of agents are used to degrade fighting efficiency rather than to kill? (Page 4-1)

**Blister**

116. Which Mission-Oriented Protective Posture (MOPP) level should be assumed whenever liquid or vaporized blister agents are known to be present? (Page 4-1)

**MOPP 4**

117. Which agent smells like garlic or horseradish? (Page 4-1)

**Mustard**

118. What is the most common form of mustard agents? (Page 4-1)

**Distilled HD**

119. Which temperature does distilled HD mustard freeze at? (Page 4-1)

**57°F**

120. How many times longer does mustard persist in winter vs summer? (Page 4-2)

**2-5**

121. Which type of agents instantly produce a gray scarring of the cornea, like an acid burn, at the point of contact? (Page 4-14)

**Arsenical vesicants**

122. What percentage of mustard burns were located in the eyes during World War I? (Page 4-17)

**86%**

123. Which type of agents are primarily irritants to skin and mucous membranes, but differ from mustard by producing an immediate sensation of pain? (Page 4-17)

**Urticants**

124. Acute inflammation of the pharynx usually appears how many days after exposure to mustard vapor? (Page 4-19)

**1-3**

125. Which temperature does distilled HD mustard boil at? (Page 4-1)

**442°F**

126. Which type of agents attack lung tissue? (Page 5-1)

**Choking**

127. What is the boiling point of phosgene (CG)? (Page 5-1)

**47°F**

128. What does phosgene (CG) vaguely smell like? (Page 5-1)

**Freshly mown hay**

129. Deaths from phosgene (CG) usually occur within the first how many hours? (Page 5-2)

**48**

130. Which type of agents produce their effects by interfering with oxygen utilization at the cellular level? (Page 6-1)

**Blood**

131. What is the usual route of entry for blood agents? (Page 6-1)

**Inhalation**

132. Which Mission-Oriented Protective Posture (MOPP) level is needed when exposed to or handling liquid Hydrogen Cyanide (AC)? (Page 6-1)

**MOPP 4**

133. Which temperature does Hydrogen Cyanide (AC) boil at? (Page 6-1)

**70°F**

134. What does Hydrogen Cyanide (AC) vaguely smell like? (Page 6-1)

**Bitter almonds**

135. Which enzyme is essential for oxidative processes of the tissues? (Page 6-1)

**Cytochrome oxidase**

136. Which temperature does Cyanogen Chloride (CK) boil at? (Page 6-1)

**59°F**

137. Which temperature does Cyanogen Chloride (CK) freeze at? (Page 6-1)

**20°F**

138. Which temperature does Hydrogen Cyanide (AC) freeze at? (Page 6-1)

**7°F**

139. Which type of agents are local irritants which in very low concentrations act primarily on the eyes, causing intense pain and lacrimation? (Page 7-1)

**Irritant**

140. Which temperature does Agent CS melt at? (Page 7-1)

**194°F**

141. Which odor is emitted by Agent CS? (Page 7-1)

**Pungent pepper**

142. Which temperature does Agent CR melt at? (Page 7-1)

**163°F**

143. Which temperature does Agent CN boil at? (Page 7-1)

**478°F**

144. Which temperature does Agent CN freeze at? (Page 7-1)

**129°F**

145. Which odor is emitted by Agent CN? (Page 7-1)

**Apple blossoms**

146. Which odor is emitted by Agent CA? (Page 7-1)

**Sour fruit**

147. How many seconds does it take to incapacitate personnel who enter a cloud of CS? (Page 7-1)

**20-60**

148. Which type of agents produce strong pepper-like irritation in the upper respiratory tract with irritation of the eyes and lacrimation? (Page 7-4)

**Vomiting**

149. Which color is diphenylaminochloroarsine (DM) smoke when concentrated? (Page 7-4)

**Canary yellow**

150. Symptoms of exposure to field concentrations of vomiting agents usually disappear in 20 minutes to how many hours leaving no residual injury? (Page 7-4)

**2**

151. What are used to obscure vision, hide troops, equipment, and areas from detection? (Page 8-1)

**Smokes**

152. Which type of smokes are the least toxic? (Page 8-1)

**Petroleum oil**

153. Which type of smoke mixture is a heavy, strongly acid liquid which, when dispersed in the air, absorbs moisture to form a dense white fog consisting of small droplets of hydrochloric and sulfuric acids? (Page 8-2)

**Sulfur trioxide-chlorosulfonic acid**

154. What is a corrosive which decomposes on contact with moist air, yielding a dense white smoke composed of titanium dioxide, titanium oxychloride, and hydrochloric acid? (Page 8-2)

**Liquid titanium tetrachloride (FM)**

155. Which substance is a pale yellow waxy solid which spontaneously ignites on contact with air? (Page 8-3)

**White phosphorus**

156. Which type of agents are used to burn supplies, equipment, and structures? (Page 9-1)

**Incendiary**

157. Which type of incendiaries are used for attacks on armored fighting vehicles? (Page 9-1)

**Thermite**

158. Which approximate temperature do thermite incendiaries burn at? (Page 9-1)

**3600°F**

159. Which approximate temperature does magnesium burn at? (Page 9-1)

**3600°F**

160. How many or more gallons of thickened gasoline do firebombs contain? (Page 9-2)

**100**

161. Approximately how many seconds does the fireball from firebombs last? (Page 9-2)

**4-6**

162. The most widely encountered noxious chemicals are carbon monoxide (CO), chlorine vapor, oxides of nitrogen, hydrogen sulfide, and what else? (Page 10-1)

**Ammonia**

163. Inhalation of high concentrations of nitrogen dioxide greater than how many mg per liter causes rapid death without the formation of pulmonary edema? (Page 10-1)

**0.5**

164. What does Hydrogen Sulfide smell like? (Page 10-2)

**Rotten eggs**

165. What amount of atropine can cause decreased heat tolerance? (Page A-1)

**1 mg**

166. What should an area that is downwind of the MTF or in a leeward exposed topside position afloat be designated as? (Page B-1)

**Clothing dump**

167. At least how many yards must clothing dumps be from the MTF and living quarters? (Page B-1)

**75**

168. Which Mission-Oriented Protective Posture (MOPP) level must all personnel handling or treating chemically contaminated casualties be at? (Page B-1)

**MOPP 4**

169. How many hours can contaminated chemical protective overgarments be worn? (Page B-1)

**24**

170. Which Mission-Oriented Protective Posture (MOPP) level must all personnel be at while decontaminating litters, ambulances, and other equipment? (Page B-1)

**MOPP 4**

171. How long should heavily chemically contaminated clothing articles be immersed in hot soapy water at a temperature just below boiling? (Page B-2)

**1 hour**

172. What should be applied or sprayed on impregnated items (worn by depot personnel) immediately after contamination to decontaminate them? (Page B-2)

**Slurry**

173. Which type of material quickly absorbs liquid chemical agents? (Page B-2)

**Leather**

174. How long should first-aid pouches and other web and canvas equipment be boiled in water to be decontaminated? (Page B-2)

**1 hour**

175. What should be used for the initial leather decontamination? (Page B-2)

**M295 DPIE**

176. What is the most rapid and effective decontaminant for metals? (Page B-2)

**Decontaminating solution number 2**

177. What should be used to check each piece of equipment for chemical agents prior to being placed into the general supply area? (Page B-3)

**CAM**

178. Which type of situation exists when the number and type of casualties exceed the local medical support capabilities for their care? (Page C-1)

**Mass casualty**

179. How many non-medical personnel must be provided by the support unit commander at Echelons I and II (unit and division) including non-divisional units to perform patient decontamination during a mass casualty situation? (Page C-1)

**8**

180. Which publication contains specifics on the management of chemically contaminated patients at the MTF? (Page C-1)

**FM-8-10-7**

181. Which Skin Decontaminating Kit is provided to service members for skin decontamination? (Page D-1)

**M291**

182. A solution of what percent chlorine can be used to wash toxic agents out of cuts or wounds? (Page D-1)

**0.5%**

183. Which agency has not approved the M295 skin decontamination kit for use on the skin? (Page D-5)

**FDA**

184. Which muscle is usually used as the injection site for administering the MARK I and CANA? (Page E-1)

**Outer Thigh**

185. How many seconds at a minimum should MARK I and CANA injections be held in the muscle for? (Page E-2)

**10**

186. How many minutes at a minimum should personnel wait to see if they need more injections after administering the first set of MARK I and CANA injections? (Page E-3)

**5-10**

187. Which type of warfare intentionally uses viruses, bacteria, microorganisms, or toxins that are derived from living organisms to cause death or disease in humans, animals, or plants? (Page 1-1)

**Biological**

188. Which year did the United States begin research and experimentation with several human and plant pathogens for use as Biological Weapons? (Page 1-1)

**1943**

189. Which year was the United States biological arsenal destroyed? (Page 1-1)

**1972**

190. Which year was a policy adopted by the United States to cease offensive Biological Warfare research and to never again produce, stockpile, weaponize, or use any biological agents? (Page 1-1)

**1969**

191. What is the efficiency percentage of using explosive munitions to deliver a viable Biological Warfare (BW) agent? (Page 1-1)

**1% to 2%**

192. Which type of weapons delivery system is ineffective for the use of Biological agents? (Page 1-1)

**Explosives**

193. Which aerosolized particles sizes (in diameter) are the most efficient for Biological Warfare agent delivery? (Page 1-1)

**1 to 5 microns**

194. What is the most effective means of deploying Biological Warfare agents? (Page 1-1)

**Aerosol**

195. Point source along with what else are the two ways of aerosol biological warfare agent delivery? (Page 1-2)

**Line source**

196. Which type of weapons are nuclear, biological, chemical, and radiological dispersal devices classified as? (Page 1-2)

**Weapons of Mass Destruction (WMD)**

197. Which type of Biological Warfare agents produce severe disease but not death? (Page 1-3)

**Incapacitating**

198. Aerosol, food or waterborne, vectorborne, or which other method may be used to deliver Biological Warfare agents? (Page 1-3)

**Injection**

199. What are the areas of the body that Biological Warfare agents enter through called? (Page 1-3)

**Portals of entry**

200. Effects, Taxonomy, Clinical Syndromes they produce, along with what else are the different ways that Biological Warfare agents may be classified according to? (Page 1-3)

**Delivery mode**

201. Up to what distances will the Short-Range Biological Standoff Detection System (SRBSDS) be able to detect aerosol clouds of possible Biological Warfare origin? (Page 1-4)

**5 km**

202. Which system provides monitoring, sampling, detection, and presumptive identification of Biological Warfare agents? (Page 1-4)

**Biological Integrated Detection System (BIDS)**

203. Which system can be used to provide early warning, enhance decontamination efforts, and cue other Biological Warfare detection efforts? (Page 1-4)

**Long Range Biological Standoff Detection System (LRBSDS)**

204. Which system that is currently in development is an automatic air sampling device that will provide visual and audible alarms in the presence of Biological Warfare agents? (Page 1-4)

**Joint Biological Point Detection System (JBPDS)**

205. At least how many milliliters of acute serum should be collected to test for infectious agents? (Page 1-6)

**3**

206. At least how many milliliters of acute serum should be collected to test for suspected intoxications? (Page 1-6)

**20**

207. What is the maximum shipping duration that Biological Agent specimens may be sent to analytical laboratories for testing using only wet ice or refrigeration at 2° to 8° Celsius? (Page 1-10)

**24 hours**

208. What is the minimum tissue sample size that should be collected at autopsy to freeze for microbiology or toxicology testing? (Page 1-6)

**25-50 grams**

209. DA Form 4137 or which other form should be used to maintain a strict chain of custody for every biological agent sample/specimen that is collected? (Page 1-10)

**DD Form 1911**

210. Who is a United States Army nonmedical person that is trained in enhanced first aid procedures? (Page 1-14)

**Combat Lifesaver**

211. Which MOPP level will be immediately donned when entering an area that is known to be or suspected of being contaminated with an NBC agent? (Page 1-14)

**4**

212. What is used to ensure that no contamination will be brought into shelter systems? (Page 1-15)

**Airlock**

213. How many days is the incubation period of Smallpox? (Page 1-17)

**7 to 17**

214. For at least how many days following the most recent Smallpox exposure should all contacts be vaccinated and quarantined? (Page 1-17)

**17**

215. Which type of hemorrhagic fever does the World Health Organization (WHO) require quarantine? (Page 1-17)

**Yellow fever**

216. Which rapid response team was designed to safely evacuate and manage patients with potentially lethal communicable diseases under high-level containment? (Page 1-18)

**Aeromedical Isolation Team (AIT)**

217. Which year was Executive Order 13139 issued by the President of the United States which outlined the conditions under which Investigational New Drugs (IND) and off-label pharmaceuticals could be administered to United States service members? (Page 1-18)

**1999**

218. Who is the only person that can waive service members rights to informed consent prior to IND administration? (Page 1-19)

**POTUS**

219. What comprise the greatest number of pathogens in the list of potential Biological Warfare agents? (Page 2-1)

**Bacterial organisms**

220. What is the most common Biological Warfare threat that troops experience in an AO? (Page 2-1)

**Anthrax**

221. What percent of all worldwide anthrax cases are accounted for by cutaneous anthrax? (Page 2-1)

**90%**

222. Which stage in the bacterial life cycle poses a health hazard? (Page 2-1)

**Spore**

223. Inhalation, cutaneous exposure, oropharyngeal exposure, along with what else are the different ways in which an endemic infectious disease can be contracted? (Page 2-1)

**Ingestion**

224. Less than what percent of cutaneous anthrax cases that are treated early with effective therapy result in death? (Page 2-1)

**5%**

225. How many doses is the Anthrax vaccine given in? (Page 2-2)

**6**

226. How often are Anthrax boosters required? (Page 2-2)

**Annually**

227. What is recommended as an adjunct to immunization for post-exposure prophylaxis? (Page 2-2)

**Chemoprophylaxis**

228. How many days should all personnel who are exposed to aerosolized anthrax be administered Ciprofloxacin Hydrochloride tablets orally every 12 hours? (Page 2-2)

**60**

229. What is the maximum Anthrax incubation period? (Page 2-3)

**7 days**

230. How long after exposure to Anthrax do most cases present themselves? (Page 2-3)

**48 hours**

231. How many members of the Brucella genus are human pathogens? (Page 2-5)

**4**

232. Within how many hours of the onset of the acute phase of the illness do most patients die that have inhalation anthrax regardless of medical treatment? (Page 2-4)

**24**

233. Less than what percent of brucellosis cases does Endocarditis occur? (Page 2-5)

**2%**

234. How many weeks are laboratories advised to maintain organism cultures for testing? (Page 2-5)

**4**

235. Most patients with brucellosis will have Serum-Agglutinating Titers (SAT) of what or greater? (Page 2-7)

**1:160**

236. Brucellosis antibiotic therapy requires a combination of how many medications? (Page 2-7)

**2**

237. Historically, less than what percent of untreated brucellosis cases have resulted in fatalities? (Page 2-8)

**2%**

238. What is the fatality rate percentage for acute septicemic disease? (Page 2-9)

**90+**

239. How many days following inhaling melioidosis do symptoms present? (Page 2-9)

**10-14**

240. What is the primary plague reservoir? (Page 2-13)

**Rodents**

241. What is the case fatality rate for untreated bubonic plague cases? (Page 2-14)

**60%**

242. What are Plague pneumonia patients presenting after 24 hours classified as? (Page 2-15)

**Expectant**

243. The Pneumonic plague is invariably fatal if antibiotic therapy is delayed longer than how many days after the onset of symptoms? (Page 2-16)

**1**

244. What percent of patients with radiography confirmed pneumonia cough? (Page 2-17)

**25%**

245. Neurologic complications of Q fever include aseptic meningitis or encephalitis in approximately what percent of cases? (Page 2-17)

**1%**

246. Approximately what percent of Q fever cases will develop acute hepatitis? (Page 2-17)

**33%**

247. What is the usual incubation period of Q fever? (Page 2-18)

**7 days**

248. What is the incubation period of Tularemia? (Page 2-22)

**1 to 21 days**



249. Inhalation tularemia can lead to fulminant pneumonia with case fatality of what percent without treatment? (Page 2-23)

**30-60**

250. What is the simplest type of microorganism? (Page 3-1)

**Virus**

251. Which year was the last naturally acquired smallpox case reported? (Page 3-1)

**1977**

252. How many cases per million does Encephalitis occur in patients who receive the smallpox vaccine? (Page 3-3)

**2**

253. How many days is the incubation period of Smallpox? (Page 3-3)

**7 to 17**

254. What was the historic fatality rate for Smallpox (variola major)? (Page 3-4)

**20-40 percent**

255. How many different families of lipid-enveloped viruses with single-stranded RNA genomes do Viral Hemorrhagic Fever viruses belong to? (Page 3-7)

**4**

256. Up to how many days is the incubation period of the Epizootic VEE virus? (Page 3-5)

**15**

257. What are the poisonous byproducts of living organisms called? (Page 4-1)

**Toxins**

258. Botulinum toxins are a group of how many toxins that are produced by Clostridium? (Page 4-1)

**7**

259. How many different types of naturally occurring botulism are there? (Page 4-1)

**3**

260. What is the usual incubation period of foodborne botulism? (Page 4-2)

**24 to 36 hours**

261. What is the approximate fatality rate of botulism cases that don't receive respiratory intensive care? (Page 4-4)

**60%**

262. What is the incubation period of Clostridium perfringens? (Page 4-6)

**1 to 6 hours**

263. At least how many different toxins are produced by Clostridium perfringens? (Page 4-5)

**12**

264. Which potent cytotoxin is derived from castor plant beans? (Page 4-6)

**Ricin**

265. What is the typical incubation period of ricin? (Page 4-8)

**18 to 24 hours**

266. What is the parent compound of a group of related neurotoxins produced by marine dinoflagellates of the genus Gonyaulax? (Page 4-9)

**Saxitoxin**

267. How long will most patients who are infected with Staphylococcal enterotoxin B be unfit for duty? (Page 4-13)

**1 to 2 weeks**

268. What are the only potential Biological Warfare agents that can harm and be absorbed through intact skin? (Page 4-14)

**T2 Mycotoxins**

## HEALTH CARE AND EMERGENCY TREATMENT

(61 Questions)

1. What is anyone participating in military operations or activities identified as? (Page 21-1)

### **Combatant**

2. What is the process of quickly assessing patients in a multiple-casualty incident and assigning patients a priority (or classification) for receiving treatment according to the severity of the illness or injury? (Page 21-2)

### **Triage**

3. What class of casualties have injuries that are critical but who will require only minimal time or equipment to manage and who have a good prognosis for survival? (Page 21-2)

### **Priority 1**

4. What type of accident is caused by an interruption of the arterial blood supply to a portion of the brain? (Page 21-26)

### **Cerebrovascular**

5. What are characterized by severe and uncontrolled muscle spasms or muscle rigidity? (Page 21-27)

### **Convulsions**

6. What is a condition characterized by an abnormal focus of activity in the brain that produces severe motor responses or changes in consciousness? (Page 21-27)

### **Epilepsy**

7. What is a condition characterized by sudden onset, excessive skin irritation, painful erythema (redness of skin produced by congestion of the capillaries), bullae (large blisters), and exfoliation of the skin in sheets? (Page 21-28)

### **Toxic epidermal necrolysis**

8. Men in what age group are more prone to heart conditions? (Page 21-33)

### **50-60**

9. What is caused by insufficient oxygen being circulated to the heart muscle? (Page 21-33)

### **Angina**

10. A heart suffering from prolonged hypertension, valve disease, or heart disease will try to compensate for decreased function by increasing the size of the left ventricular pumping chamber and increasing the heart rate. What is this condition known as? (Page 21-34)

### **Congestive heart failure**

11. What is a severe allergic reaction to foreign material? (Page 21-36)

### **Anaphylactic shock**

12. The general treatment for severe anaphylaxis is the subcutaneous injection of what amount of epinephrine and supportive care? (Page 21-36)

### **0.3 cc**

13. What is an inherited condition in which the pancreas secretes an insufficient amount of the protein hormone insulin? (Page 21-40)

### **Diabetes mellitus**

14. What regulates carbohydrate metabolism by enabling glucose to enter cells for use as an energy source? (Page 21-40)

### **Insulin**

15. What is the bleeding from lacerated blood vessels in the chest cavity and or lungs called? (Page 21-47)

### **Hemothorax**

16. What type of delivery occurs when the baby's legs and or buttocks emerge first during child birth? (Page 21-52)

### **Breech**

17. What should be readily available whenever administering opiates? (Page 21-57)

### **Naloxone**

18. What is the most effective of all the pain-relieving drugs? (Page 21-61)

### **Morphine**

19. The adult dose of morphine is 10 to 20 mg, which may be repeated, if necessary, in no less than how many hours? (Page 21-61)

4

20. What type of wounds are torn rather than cut? (Page 21-62)

### **Lacerations**

21. What types of wounds are caused by objects that penetrate into the tissues while leaving a small surface opening? (Page 21-62)

**Punctures**

22. What is the tearing away of tissue from a body part called? (Page 21-63)

**Avulsion**

23. What is the escape of significant amounts of blood from the vessels of the circulatory system referred to as? (Page 21-63)

**Hemorrhage**

24. About how many liters of blood does the average adult body contain? (Page 21-63)

**5-6**

25. If a wound is a puncture wound, a large gaping wound of the soft tissue, or an animal bite, leave it un-sutured. Even under the care of a surgeon, it is the rule not to close wounds of this nature until after how many days? (Page 21-68)

**4**

26. What fulfills the requirements for the perfect suture ease of manufacture, tensile strength, and variety available more often than any other material? (Page 21-69)

**Surgical gut**

27. Though it is referred to as "catgut," surgical gut is derived from the submucosal connective tissue of the first one-third (about how many yards) of the small intestine of healthy government-inspected sheep? (Page 21-69)

**8**

28. What is the most common type of local anesthetic used? (Page 21-70)

**Xylocaine**

29. Topical, local infiltration, along with what else are the three methods of anesthesia administration? (Page 21-70)

**Nerve block**

30. What is the maximum recommended amount of Xylocaine to be used for a 1% solution or the equivalent? (Page 21-70)

**50 ml**

31. When suturing, the best cosmetic effect is obtained by using numerous interrupted simple sutures placed what distance apart? (Page 21-71)

**1/8 inch**

32. What is a break in the bone known as? (Page 21-72)

**Fracture**

33. The radius along with what else are the two long bones in the forearm? (Page 21-73)

**Ulna**

34. What is the long bone of the upper part of the leg between the kneecap and the pelvis called? (Page 21-75)

**Femur**

35. Under how many heading in general can joint and muscle injuries be classified under? (Page 21-80)

**4**

36. What is an injury known as when a bone is forcibly displaced from its joint? (Page 21-80)

**Dislocation**

37. As a general rule do not attempt to reduce a dislocation, to put a dislocated bone back into place, unless it is known that a medical officer cannot be reached within how many hours? (Page 21-80)

**8**

38. What are injuries to the ligaments and soft tissues that support a joint called? (Page 21-82)

**Sprains**

39. What are injuries caused by the forcible overstretching or tearing of muscles or tendons known as? (Page 21-82)

**Strains**

40. What are responsible for the discoloration that almost always accompanies injuries to bones, joints, and muscles? (Page 21-82)

**Contusions**

41. What is a special kind of infection that must be guarded against in case of animal bites? (Page 21-86)

**Rabies**

42. When a person has been bitten by an animal, every effort must be made to catch the animal and to keep it confined for a minimum of how many days? (Page 21-87)

**8-10**

43. What degree of burn is characterized by epidermal blisters, mottled appearance, and a red base? (Page 21-88)

**Second**

44. What degree of burn is a full-thickness injury penetrating into muscle and fatty connective tissues, or even down to the bone? (Page 21-88)

**Third**

45. What results from prolonged exposure to the ultraviolet rays of the sun? (Page 21-91)

**Sunburn**

46. Eyes that have been burned by acid should be irrigated for at least 5-10 minutes with at least what amount of water? (Page 21-92)

**2000 ml**

47. Irrigate alkali burns to the eyes for at least how many minutes? (Page 21-92)

**20**

48. What has been associated with extensive intravascular hemolysis? (Page 21-93)

**Copper**

49. What are often an early sign of approaching heat exhaustion? (Page 21-93)

**Muscle cramps**

50. What is the most common condition caused by working or exercising in hot environments? (Page 21-94)

**Heat exhaustion**

51. What is a mild cold injury caused by prolonged and repeated exposure for several hours to air temperatures from above freezing 32 F to as high as 60 F? (Page 21-97)

**Chilblain**

52. Immersion foot results from prolonged exposure to wet cold at temperatures ranging from just above freezing to what temperature? (Page 21-97)

**50°F**

53. Frostbite occurs when ice crystals form in the skin or deeper tissues after exposure to a temperature of what or lower? (Page 21-98)

**32°F**

54. What is defined as the force acting upon a particular area of matter? (Page 21-100)

**Pressure**

55. What amount of pressure does the weight of the atmosphere (from sea-level up to the ozone layer) exert on the human body? (Page 21-100)

**14.7 psi**

56. The amount of pressure on the diver's body doubles from the surface under how many feet of seawater (fsw)? (Page 21-100)

**33**

57. What law states "For any gas at a constant temperature, pressure, and volume are inversely related."? (Page 21-101)

**Boyles Law**

58. What is defined as the damage to tissues caused by a change in ambient pressure? (Page 21-101)

**Barotrauma**

59. Our bodies are what percent water and on the surface the body is at equilibrium (balance) with the inert gases in breathing air? (Page 21-103)

**85%**

60. What condition occurs when a bubble forms "in" the skin the dermis and or epidermis? (Page 21-104)

**Cutis Marmorata**

61. Any neurological symptom within the first how many minutes after surfacing from a dive is considered an Arterial Gas Embolism? (Page 21-104)

**10**

## HEALTH MAINTENANCE PROGRAMS

(56 Questions)

1. Who is responsible for DoD Nutritional Standards and Education? (Page 1)

**United States Army Surgeon General**

2. Who is responsible for evaluating planned menus to ensure they comply with the Food Guide Pyramid and Dietary Guidelines for Americans principles? (Page 2)

**DCSLOG**

3. Who is responsible for establishing and implementing mechanisms to ensure that menus meet nutritional standards? (Page 2)

**COMNAVSYSKOM**

4. Which United States Army Research Institute of Environmental Medicine (USARIEM) technical note documents the basis for MDRIs? (Page 3)

**TN-00/10**

5. What are quantitative estimates of nutrient intakes to be used for planning and assessing diets for the healthy military population? (Page 3)

**MDRIs**

6. What must usually exist for nutrients in order to establish MDRIs? (Page 3)

**RDA or DRI**

7. Potassium along with which other type of nutrient can have MDRIs established for them even if there is no RDA or DRI? (Page 3)

**Sodium**

8. What are the two types of rations designed to accommodate military personnel in a wide variety of operations, in widely varied settings, and for limited periods? (Page 3)

**Operational and Restricted**

9. Over what time frame will MDRIs usually be met when averaged? (Page 3)

**5 to 10 days**

10. What are NSORs based on? (Page 3)

**MDRIs**

11. What percentage of the total amount of calories provided by operational rations can be from fat? (Page 3)

**35%**

12. Up to how many days can the MRE be consumed as the sole ration? (Page 3)

**21**

13. Up to how many days can restricted rations be used in certain operational scenarios? (Page 3)

**10**

14. Which type of rations does the NSOR not apply to? (Page 3)

**Survival**

15. How many calories are contained in the General Purpose, Improved (GP-I) ration? (Page 3)

**1447**

16. Approximately how many calories are contained in Abandon ship rations? (Page 3)

**300**

17. Which publication contains basic nutrient information on all rations? (Page 4)

**NATICK PAM 30-25**

18. What is the reference measurement used for mens weight when measuring body heights and weights for MDRI energy calculations? (Page 4)

**174 pounds**

19. What is the reference measurement used for mens height when measuring body heights and weights for MDRI energy calculations? (Page 4)

**69 inches**

20. What is the reference measurement used for womens weight when measuring body heights and weights for MDRI energy calculations? (Page 4)

**136 pounds**

21. What is the reference measurement used for womens height when measuring body heights and weights for MDRI energy calculations? (Page 4)

**64 inches**

22. Up to what percent of MDRI energy needs could be needed by military personnel performing heavy work or who are involved in prolonged, vigorous physical training? (Page 4)

**125%**

23. By what percent can energy requirements rise due to working in mildly cold temperatures? (Page 4)

**5 to 10**

24. Approximately how many calories/kg of body weight can energy requirements increase to when ambient temperatures warrant high levels of cold-weather protection? (Page 4)

**54**

25. Approximately how many calories/kg of body weight can energy requirements increase to when troops are maneuvering for prolonged periods (2 hours or more) with heavy gear on their feet? (Page 4)

**62**

26. Which environmental operating temperatures require no energy requirement adjustments? (Page 4)

**68-86°F**

27. By what percent can energy requirements rise due to working in operational environments in the 86 to 104°F range? (Page 4)

**2.5 to 10**

28. Up to how many calories per day must personnel consume when performing extremely strenuous work in high-mountain areas to maintain energy requirements? (Page 4)

**6,000-7,000**

29. Approximately what percent of the total calories consumed by personnel should come from foods and beverages with carbohydrate sources? (Page 4)

**50 to 55**

30. How many grams of protein should men consume per day to meet the MDRI? (Page 4)

**63 to 119**

31. How many grams of protein should women consume per day to meet the MDRI? (Page 4)

**50 to 93**

32. What is the maximum percentage of total calories from fat that menu planners can plan to serve in military dining facilities? (Page 4)

**30%**

33. What is the maximum percentage of total calories from saturated fat that menu planners can plan to serve in military dining facilities? (Page 4)

**10%**

34. How many quarts of beverage consumption per 1,000 calories expended is a reasonable goal during periods of light to moderate activity in a temperate climate? (Page 4)

**1**

35. How many quarts of beverage consumption per day is recommended when working in warm weather? (Page 5)

**4 to 6**

36. How many quarts of sweat per hour are produced by personnel wearing nuclear, biological, or chemical clothing? (Page 5)

**1 to 2**

37. Carbohydrated-electrolyte beverages are justified when soldiers have maintained continuous physical activity for a minimum of how many hours? (Page 5)

**3**

38. How many calories a day will be provided by reduced calorie menus in military dining facilities? (Page 5)

**1,500 to 1,600**

39. Approximately how many calories per meal will be provided by reduced calorie menus in military dining facilities? (Page 5)

**500**

40. Approximately how many calories per meal will be provided by military dining facilities that serve populations with high energy needs? (Page 5)

**600 to 700**

41. Dietary Guidelines for Americans along with what else will be incorporated into nutrition education to provide a consistent message? (Page 8)

**Food Guide Pyramid**

42. Which personnel are trained and proficient in the practical application of nutrition science to individual lifestyles and food choices as well as nutrition education techniques? (Page 8)

**RDs**

43. Which instruction provides current guidelines for the treatment and prevention of sexually transmitted diseases (STDs)? (Page 1)

**BUMEDINST 6222.10C**

44. How many major concepts is the prevention and control of Sexually Transmitted Diseases (STDs) based on? (Page 2)

**5**

45. Which agency has up to date information on STD laboratory and treatment guidelines? (Page 2)

**Centers for Disease Control and Prevention (CDC)**

46. Additional HIV testing may be indicated after how many months based on a diagnosis of a genital ulcer disease, the prevalence of HIV in the area, the number of episodes of STDs, and the nature and duration of sexual risk-taking behavior? (Page 3)

**3 and 6**

47. How often must all sexually active women who are 25 and younger be screened for STDs? (Page 3)

**Annually**

48. All active duty patients presenting for evaluation of a possible STD shall be tested for serological evidence of HIV infection per which reference? (Page 3)

**SECNAVINST 5300.30D**

49. Which instruction provides HIV evaluation and treatment guidelines? (Page 3)

**SECNAVINST 5300.30D**

50. How many Naval HIV Evaluation and Treatment Units (HETUs) are there? (Page 4)

**3**

51. Which vaccines are required for all active duty personnel when presenting for evaluation of a possible STD? (Page 4)

**Hepatitis A and B**

52. What is an effective strategy to reduce risk-taking behaviors and re-infection for those personnel diagnosed with an STD? (Page 4)

**Prevention counseling**

53. Which form must be completed for every new HIV case? (Page 5)

**CDC Form 50.42A**

54. Where is the confirmatory HIV test completed for active duty members under the Navy centralized case reporting process? (Page 5)

**HIV Evaluation and Treatment Unit (HETU)**

55. Which NMCPHC program contains valuable STD resources? (Page 8)

**Sexual Health and Responsibility Program (SHARP)**

56. STD cases shall be reported to Navy public health authorities in accordance with which reference? (Page 8)

**BUMEDINST 6220.12B**

## TRIAGE

### (21 Questions)

1. Casualty Receiving and Treatment Ships (CRTSs) part of an Amphibious Ready Group (ARG) have triage areas for up to how many casualties? (Page 22)

**50**

2. Which type of event overwhelms immediately available medical capabilities to include personnel, supplies, and/or equipment? (Page 29)

**Mass Casualty**

3. Which principle is effective mass casualty response founded on? (Page 29)

**Triage**

4. Which system sorts and prioritizes casualties based on the tactical situation, mission, and available resources? (Page 29)

**Triage**

5. How many different categories of triage are there? (Page 30)

**4**

6. Groups of injured people who require attention within minutes to 2 hours on arrival to avoid death or major disability fall under which triage category? (Page 30)

**Immediate**

7. Which triage category would a patient be placed into who presents with a head injury requiring emergent decompression? (Page 30)

**Immediate**

8. Which triage group includes those wounded who are in need of surgery, but whose general condition permits delay in treatment without unduly endangering life, limb, or eyesight? (Page 30)

**Delayed**

9. Which triage category would a patient be placed into who arrives with fractures or soft-tissue injuries without significant bleeding? (Page 31)

**Delayed**

10. Which triage group has injuries that overwhelm current medical resources at the expense of treating salvageable patients? (Page 31)

**Expectant**

11. Heavy stress patients should be sent to a combat stress control restoration center for up to how many days reconstitution? (Page 33)

**3**

12. Which triage group has relatively minor injuries and can effectively care for themselves or with minimal medical care? (Page 31)

**Minimal**

13. Which mnemonic should be used where resources/tactical situations allow for combat stress patients? (Page 33)

**BICEPS**

14. What has transfusion medicine in the theater of war historically relied on and will probably continue to rely on in the future? (Page 36)

**Walking blood bank**

15. The majority of combat wounded will suffer nonfatal extremity injuries. How will these be triaged in general? (Page 37)

**Non-emergent**

16. All casualties should flow through a single triage area and undergo rapid evaluation by whom? (Page 38)

**Initial triage officer**

17. Who is responsible for overarching clinical management of the mass casualty response at role 2-4 facilities? (Page 41)

**Chief of Trauma**

18. Who must each individual on the resuscitation treatment team coordinate the movement of their patients with? (Page 43)

**Chief Surgical Triage Officer**



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19. Numerous authors have stated that, after the first 24 hours of a mass casualty ordeal, the activities of the care providers must be decreased by what percentage to allow for participant recovery and rest? (Page 45)

**50%**

20. What provides primary health care, specialized first aid, triage, resuscitation, and stabilization? (Page 3-2)

**Role 1**

21. Which Medical Plan function covers from the point of injury or illness throughout triage, treatment, and transport to the next taxonomy of care outside of Marine Corps capabilities? (Page 1-4)

**Casualty management**

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## MEDICAL SUPPLY AND LOGISTICS MANAGEMENT

### MEDICAL EQUIPMENT & SPACE MANAGEMENT

(94 Questions)

1. In what year did the United States Navy establish the Naval Medical Supply Depot in Brooklyn, New York?  
(Page 5-1)

**1850**

2. What encompasses the acquisition, accounting, sustainment, and disposition of assets within the Department of the Navy? (Page 5-1)

**Logistics**

3. Who established a standard organizational structure for Medical Logistics Departments at all Naval Medical and Dental activities with logistics responsibilities? (Page 5-1)

**Chief, BUMED**

4. What agency via the Federal Supply System, maintains centralized inventory management and physical distribution of depot and vendor medical/dental materiel to Naval MTFs/DTFs worldwide? (Page 5-2)

**DLA**

5. How many volumes does the NAVSUP manual consist of? (Page 5-3)

**3**

6. What establishes policies for operating and managing supply departments and activities? (Page 5-3)

**NAVSUP P-485**

7. What was published as a handy reference for personnel responsible for originating and processing MILSTRIP/MILSTRAP documents? (Page 5-3)

**NAVSUP P-409**

8. What publication reiterates Department of the Navy policy and provides equipment management procedures to include budgeting, funding, acquisition, use, maintenance, repair, redistribution, and disposal of equipment? (Page 5-3)

**NAVMED P-5132**

9. What is the act of obtaining materials or services referred to as? (Page 5-3)

**Procurement**

10. What term refers to the dollar limitation and acquisition methods the command and purchasing agents are restricted to when placing government orders? (Page 5-3)

**Contracting Authority**

11. What is the process in which an unauthorized commitment is reviewed by designated personnel? (Page 5-4)

**Ratification**

12. What is the time it takes for the Purchasing Agent to place an order against a requisition referred to as? (Page 5-4)

**PALT**

13. A micro-purchase is an acquisition of authorized supplies or services that do not exceed the current competitive threshold of what amount? (Page 5-4)

**\$3000**

14. What is a two digit number used by the customer to determine the urgency of the requisitioned item? (Page 5-4)

**Priority Designator**

15. A Non-Procurement Official is a non-purchasing official who may place orders utilizing the Government-wide Commercial Purchase Card for orders less than \$3000 and no more than a cumulative total of what amount per year? (Page 5-4)

**\$20,000**

16. What is a source for the purchase of non-medical administrative materiel, including cleaning gear? (Page 5-4)

**SERVMART**

17. What is the primary regulation used by all Federal Executive agencies in their acquisition of supplies and services with appropriated funds? (Page 5-4)

**FAR**

18. What is a document providing guidance to the FAR and DFARS for Navy contracting personnel in acquiring goods and/or services? (Page 5-4)

**NAPS**

19. Requisitions exceeding the current competitive threshold of what amount must receive quotes from a minimum of three vendors, unless a valid sole source justification is provided? (Page 5-4)

**\$3000**

20. What is the collection of multiple award contracts used by Federal agencies, U.S. territories, Indian tribes and other specified entities to purchase supplies and services from outside vendors? (Page 5-4)

**FSS**

21. Standard Stock is material under the control of an inventory manager and identified by a what? (Page 5-5)

**NIIN**

22. What is the annual budget of an activity assigned by the Chief of Naval Operations (CNO), Fiscal Management Division, to major claimants called? (Page 5-5)

**Operating budget**

23. What products include dental plaster and stone which are considered hazards because of the dust particles circulated? (Page 5-22)

**Gypsum**

24. What is a centrally-managed automated system for use by logistics personnel to procure, maintain, and dispose of consumables and equipment? (Page 5-23)

**DMLSS**

25. The SMDA of what year established a mandatory requirement for treatment facilities to report all incidents that reasonably suggest there is a probability that a medical/dental device has caused or contributed to the death, serious injury, or serious illness of a patient? (Page 5-26)

**1990**

26. What is responsible for performing or coordinating, and recording preventive maintenance on all medical and dental equipment? (Page 5-27)

**BIOMED**

27. What is the procedure used when Navy property or Defense Logistics Agency material is lost, damaged, or destroyed and must be completed in a timely manner? (Page 5-28)

**Property survey**

28. NAVMEDLOGCOM is responsible for developing, publishing, maintaining, and coordinating a comprehensive review of all AMALs on at least what basis? (Page 5-29)

**Annually**

29. What is BUMED's system of record for all personal property purchased, leased (capital or operating leases as applicable, (SECNAVINST 7320.10 series)), or otherwise obtained, having a unit acquisition cost of \$5,000 or more, all ADP equipment, and items that are considered sensitive or classified? (Page 2-2)

**DMLSS**

30. Which command coordinates a unified DON (including the Marine Corps) position for medical and dental items standardization? (Page 3-2)

**NAVMEDLOGCOM**

31. Which instruction provides objectives and procedures for Chief, Bureau of Medicine and Surgery's (BUMED) participation in Defense Standardization Program (DSP)? (Page 3-1)

**BUMEDINST 4120.2**

32. What is responsible for clinical, technical, and logistical aspects of medical materiel entered into the Defense Supply System? (Page 3-2)

**DMSB**

33. Activities are required to report all excess equipment with condition A, B, and C and with a minimum line value of which amount to NAVMEDLOGCOM via the Tri-Service Medical Excess Distribution System (TRIMEDS) by using the Defense Medical Logistics Standard Support (DMLSS) system? (Page 3-2)

**\$500**

34. What will be established and used at each activity to plan, budget, approve, and prioritize equipment acquisitions and leases? (Page 3-2)

**EPRC**

35. How often at a minimum must the Equipment Program Review Committee (EPRC) meet to formulate and prioritize all unfunded equipment? (Page 3-2)

**Semi-Annually**

36. NAVMEDLOGCOM's Equipment Support Directorate (Code 03) performs technical review of equipment greater than which amount regardless of projected funding source? (Page 3-3)

**\$25,000**

37. How many years are technical approvals valid for? (Page 3-4)

**3**

38. NAVMEDLOGCOM coordinates the review and approval process for the procurement of expense equipment ranging from \$25,000 up to which amount? (Page 3-4)

**\$249,999**

39. The O&M appropriation is proper when the equipment or system falls under which category? (Page 3-4)

**SRM**

40. Which series provides guidance on determining if equipment should be procured with OP, O&M, or construction (SRM) dollars? (Page 3-5)

**OPNAVINST 11010.20**

41. What is defined as all self-propelled equipment normally used in storage and handling operations in and around warehouses, industrial plants, airfields, or depots, such as forklift trucks, warehouse tractors, platform trucks, and pallet trucks? (Page 3-5)

**MHE**

42. Which series provides specific instructions for initiation of requirements for initial or replacement procurement of Material Handling Equipment (MHE), allowance change requests, maintenance, and inventory reporting? (Page 3-5)

**NAVSUP 10490.33**

43. How many different ways can leases be classified as? (Page 3-5)

**2**

44. Capital leases are leases that meet the minimum capitalization threshold of \$100,000; has an estimated recovery period equal to or greater than how many months; is not intended for sale in the ordinary course of operations; and has been acquired or constructed with the intention of being used, or available to be used by DON in its operations? (Page 3-5)

**24**

45. What maintains Medical Visual Information Service Activities (MVISA) that supports local medical and dental VI activities? (Page 3-6)

**BUMED**

46. Which center is responsible for coordinating all reviews and approvals of medical equipment that connect to the local and wide area networks (LAN/WAN)? (Page 3-7)

**NMIMC**

47. Which series establishes authority for Clinical Investigation Program (CIP) equipment? (Page 3-7)

**BUMEDINST 6000.12**

48. Which board evaluates new and emerging medical imaging and radiotherapy technologies, and recommends short- and long-range planning and acquisition strategies for radiographic, nuclear medicine, ultrasound imaging, radiotherapy, and related support equipment? (Page 3-7)

**NAVDIRB**

49. How often does the Naval Diagnostic Imaging and Radiotherapy Board (NAVDIRB) meet? (Page 3-7)

**Quarterly**

50. How many weeks prior to a Naval Diagnostic Imaging and Radiotherapy Board (NAVDIRB) meeting must activities submit emergent equipment requests to NAVMEDLOGCOM's Equipment Support Directorate (Code 03)? (Page 3-7)

**6**

51. BUMED Activities shall prepare and submit investment equipment budgets following BUMED's annual published guidance. OP Budgets are submitted via the Regions to NAVMEDLOGCOM's Equipment Support Directorate (Code 03). OP Investment equipment is budgeted how many years prior to when it is expected to be purchased? (Page 3-7)

**3**

52. What will be assigned to each OP equipment item budgeted? (Page 3-8)  
Acquisition Control Number (ACN)

53. How many digits is the Acquisition Control Number (ACN)? (Page 3-8)

**6**

54. Expense equipment is equipment with a cost up to which amount? (Page 3-8)

**\$249,999**

55. To support standardization and cost savings through consolidated procurement, requests to purchase expense equipment with a cost greater than which amount shall be routed through the Regions to BUMED? (Page 3-9)

**\$25,000**

56. The priority designator in OPNAVINST 4614.1 UMMIPS, shall be strictly followed when determining delivery date of an item. The designators for requisition processing are 03, 06, or what else? (Page 3-10)

**13**

57. Under certain circumstances, NAVMEDLOGCOM will perform procurement actions on behalf an activity. The requesting activity must forward specifications for the item using either a NAVCOMPT 2276 or which form to NAVMEDLOGCOM? (Page 3-11)

**DD 1149**

58. After BMET inspection, tag equipment and update property accounting records. Ensure that the ACN is entered in the ACN of the new equipment record in DMLSS. Under all circumstances, equipment must be tagged and entered into DMLSS within how many days of receipt, or it must be determined damaged/defective and rejected? (Page 3-11)

**7**

59. Equipment requested under \$100,000 must be requested on which form? (Page 4-3)

**NAVMED 6700/19**

60. Equipment requested over \$100,000 must be requested on which form? (Page 4-3)

**NAVMED 6700/18**

61. What is the final approval authority for the design of all facility projects? (Page 5-1)

**BUMED**

62. Many vendors will allow their products to be tested and evaluated on site by potential users. BUMED does not object to this process, however, approval is required prior to accepting medical or dental materiel for test and evaluation. What is the approving authority? (Page 6-1)

**NAVMEDLOGCOM**

63. The approval for test and evaluation of equipment may be granted when the current model has not been evaluated within how many years of the request, or when the item is not currently undergoing evaluation at another activity for the same purposes? (Page 6-2)

**3**

64. All medical equipment with maintenance requirement indicator (MRI) is considered accountable and must be tracked. This includes lease and cost-per-use equipment. If a piece of equipment cannot be located during its normal preventive maintenance (PM) cycle, the Equipment Manager, and the Responsible Officer will make every effort to locate the missing item. If the item cannot be located within 30 days or by the end of PM cycle, whichever comes first, the Equipment Manager will ensure that the responsible officer initiates which form? (Page 8-4)

**DD Form 200**

65. Which Acquisition Fund Code (AFC) should be used by MTFs for Operation and Maintenance Expense-Health Affairs with acquisition cost of less than \$100,000? (Page 8-4)

**XH**

66. Which Acquisition Fund Code (AFC) should be used by MTFs for Operation and Maintenance Capital-Health Affairs with acquisition cost of \$100,000 to less than \$250,000? (Page 8-4)

**MH**

67. Which Acquisition Fund Code (AFC) should be used by MTFs for Other Procurement Investment-Health Affairs with acquisition cost of \$250,000 and over? (Page 8-4)

**PH**

68. In accordance with DODINST 5000.64 and SECNAVINST 7320.10 series, BUMED activities are responsible for conducting physical inventories and reconciliation of records of all classes of personal property. Physical inventory accuracy should be at least at what percent? (Page 8-5)

**98%**

69. How often at a minimum must walk-through inspections be conducted to identify sharable, idle, under-utilized, non-bar coded, or unneeded equipment? (Page 8-6)

**Quarterly**

70. Intra-hospital loans of equipment may be made for up to how many days? (Page 8-7)

**60**

71. The Equipment Managers of each activity must coordinate inter-activity loans of equipment. Which form should be used to document inter-activity loans and transfers? (Page 8-7)

**DD Form 1348-1A**

72. Transactions must be treated as a permanent transfer of property if inter-activity loans extend beyond how many days? (Page 8-7)

**180**

73. Who establishes policies to ensure uniform guidelines for maintenance programs of medical and dental equipment for activities under BUMED? (Page 10-1)

**Chief, BUMED**

74. Which command oversees the execution of BUMED policy through establishment of supporting procedures? (Page 10-1)

**NAVMEDLOGCOM**

75. What has oversight of biomedical equipment maintenance programs in the Navy? (Page 10-3)

**NAVMEDLOGCOM**

76. What functions as the In service Engineering Agent (ISEA) and Technical Support Activity (TSA) for the integrated logistics support requirements of afloat medical equipment and will disseminate medical and dental equipment safety, maintenance, repair, and other biomedical equipment information? (Page 10-3)

**NAVMEDLOGCOM**

77. Commanding Officers must ensure funding is provided how often for the training of Biomedical Equipment Technicians (BMETs) to maintain highly technical equipment items? (Page 10-4)

**Annually**

78. Authorized non-BIOMEDs should be allowed to maintain/repair only those items of No Maintenance Required (NMR) through which Risk Level of equipment? (Page 10-5)

**Medium**

79. Which program is the core of the BIOMED's operation? (Page 10-5)

**Medical Equipment Management Program (MEMP)**

80. Which type of maintenance applies to equipment that normally requires no scheduled maintenance based on the No Significant Risk (NSR) assessment, but is included in the equipment files to document Unscheduled Maintenance (UM)? (Page 10-8)

**No Maintenance Required (NMR)**

81. Which type of maintenance serves to ensure proper operation, inherent reliability, increase operational availability, and prevents excessive wear of moving parts? (Page 10-7)

**Scheduled Maintenance (SM)**

82. Where must Biomedical Equipment Technician (BMET) training be documented? (Page 10-7)

**Defense Medical Logistics Standard Support (DMLSS)**

83. Joint Commission EC.6.20.1 requires that a current, accurate, and separate inventory of all medical equipment included in the equipment management program will be established. What is used to accomplish this within the Defense Medical Logistics Standard Support (DMLSS)? (Page 10-6)

**Maintenance Requirement Indicator (MRI)**

84. Who are responsible for performance testing and documentation of Level II and III scheduled maintenance? (Page 10-8)

**Biomedical Equipment Technicians (BMET's)**

85. When determining the practicality of repair, factors that must be considered are the age of the item, its projected life expectancy, replacement cost, obsolescence, past repair history, repair costs, and urgency of need. How many repair factors are there that the BIOMED can use when determining practicability of repair? (Page 10-11)

**2**

86. Repair expenditures on equipment that have exceeded their life expectancy will continue to be limited to what percent of their replacement cost? (Page 10-11)

**10%**

87. What is the BUMED authorized medical equipment maintenance management system which will be used to record test results, parts, actions, and service time needed to complete the work required? (Page 10-14)

**DMLSS**

88. Radiation protection surveys of diagnostic radiographic systems and radiographic therapy equipment will be accomplished in accordance with which series? (Page 10-14)

**BUMEDINST 6470.22**

89. How often must all Hearing Conservation Program (HCP) audiometers be calibrated by Navy and Marine Corps Public Health Center (NMCPHC)? (Page 10-15)

**Annually**

90. Which series should audiometric booths be certified in accordance with? (Page 10-15)

**DODINST 6055.12**

91. If a medical radiographic system is procured through Defense Supply Center Philadelphia (DSCP) or NAVMEDLOGCOM, an acceptance inspection will be performed after the system is installed. This inspection will be performed on radiological systems within how many days of installation? (Page 10-18)

**30**

92. Which worksheet will be used by medical maintenance shops to record actions taken in conjunction with the verification and certification of medical radiographic systems under their cognizance? (Page 10-19)

**DD Form 2164**

93. Which form is required by the FDA after certified diagnostic radiographic systems are installed or whenever certified components of a diagnostic radiographic system are replaced, reassembled, or repaired? (Page 10-19)

**FDA Form 2579**

94. How many years must copies of FDA Form 2579 be retained for? (Page 10-19)

**5**

## PREVENTIVE MEDICINE PROGRAMS ADMIN

### BIOHAZARDOUS WASTE MANAGEMENT

(53 Questions)

1. Which instruction provides standards for management of regulated medical waste (RMW) generated from processes at Bureau of Medicine and Surgery (BUMED) Budget Submitting Office (BSO) 18 facilities or received by BUMED facilities prior to treatment and disposal? (Page 1)

**BUMEDINST 6280.1C**

2. Regulations provided in 29 CFR Part 1910.1030 and the policies in which other reference describe the processes that BUMED facilities will implement to protect personnel from occupational exposures to blood and other potentially infectious material? (Page 1)

**BUMEDINST 6220.14**

3. Wastes generated from the management of biological select agents and toxins must be managed per which reference? (Page 1)

**BUMEDINST 6210.3**

4. What is solid material intended for disposal which is produced as the direct result of non-infectious patient diagnosis, treatment, therapy, or medical research other than those characterized as Regulated Medical Waste (RMW)? (Page 2)

**Non-Regulated Medical Waste (RMW)**

5. Regulated medical wastes generated by non-BUMED facilities or received by non-BUMED facilities for management are governed by the requirements of which reference? (Page 2)

**OPNAVINST 5090.1D**

6. How many groups is Regulated Medical Waste (RMW) organized into that are managed based on associated risks? (Page 2)

**9**

7. What is generated during diagnosis, treatment, or immunization of humans or animals and is capable of causing disease or would pose other adverse health risks to individuals or the community if improperly handled? (Page 2)

**Regulated Medical Waste (RMW)**

8. How many primary groups of Regulated Medical Waste (RMW) are there each with specific management, treatment, and disposal criteria? (Page E1-1)

**9**

9. Which group of Regulated Medical Waste (RMW) deals with cultures, stocks, and vaccines? (Page E1-1)

**1**

10. Which group of Regulated Medical Waste (RMW) deals with pathological waste? (Page E1-1)

**2**

11. Which group of Regulated Medical Waste (RMW) deals with blood and blood products? (Page E1-1)

**3**

12. Which group of Regulated Medical Waste (RMW) deals with used sharps? (Page E1-1)

**4**

13. Which group of Regulated Medical Waste (RMW) deals with animal Waste (from animals exposed to infectious agents during research, production of biologicals, or testing of pharmaceuticals)? (Page E1-1)

**5**

14. Which group of Regulated Medical Waste (RMW) deals with isolation Wastes (including bedding from patients or animals from BioSafety Level 4 (BSL 4) agents)? (Page E1-1)

**6**

15. Which group of Regulated Medical Waste (RMW) deals with unused sharps? (Page E1-1)

**7**

16. Which group of Regulated Medical Waste (RMW) deals with other (including fluids that are designated by the local infection control authority)? (Page E1-1)

**8**

17. Which group of Regulated Medical Waste (RMW) deals with Chemotherapy Trace Wastes? (Page E1-1)

**9**



18. Which category of Regulated Medical Waste (RMW) is specific to infectious animals, contaminated animal carcasses, body parts, and bedding of animals known to have been exposed to infectious agents during treatment, research, productions of biologicals, or testing of pharmaceuticals? (Page E1-1)

**Animal waste**

19. How many Bio Safety Levels are there with specific combination of work practices, safety equipment, and facilities, which are designed to minimize the exposure of workers and the environmental to infectious agents? (Page E1-2)

**4**

20. Which Bio Safety Level is the most stringent and applies for work with dangerous and exotic agents that pose a high individual risk of life threatening disease, which may be transmitted via the aerosol route and for which there is no available vaccine or therapy? (Page E1-2)

**Level 4**

21. What are defined as infectious agents and associated biologicals, including those from medical and pathological laboratories, as well as dishes and devices used to transfer, inoculate, and mix cultures? (Page E1-2)

**Cultures and stocks**

22. Which type of waste would a syringe used to administer a medication that classifies as a pharmaceutical Hazardous Waste (HW) or dental amalgam waste be an example of? (Page E1-2)

**Dual**

23. What is a Solid Waste (SW), or combination of Solid Waste (SW), which, because of its quantity, concentration, or physical, chemical, or infectious characteristics, may cause or significantly contribute to an increase in mortality or an increase in serious irreversible or incapacitating reversible illness or pose a substantial present or potential hazard to human health or the environment when improperly treated, stored, transported, disposed of, or otherwise managed? (Page E1-2)

**Hazardous Waste (HW)**

24. Which type of waste would include biological waste and discarded materials contaminated with blood, excretion exudates, secretions from humans who are isolated to protect others from highly communicable disease, and secretions from isolated animals known to be infected with highly communicable diseases caused by BSL 4 agents including pox viruses and arboviruses? (Page E1-2)

**Isolation**

25. Which type of waste would include used personal hygiene products (e.g., diapers, facial tissues, and sanitary napkins not originating from post-partum suites or gynecological surgical wards) and absorbent materials containing very small amounts of blood or other body fluids (e.g., bandaids)? (Page E1-2)

**Non-Regulated Medical Waste (RMW)**

26. Which type of waste would include organs, tissues, body parts other than teeth, products of conception, and fluids containing tissue removed by trauma or during surgery or autopsy or other medical procedure? (Page E1-3)

**Pathological**

27. Which type of waste is generated during diagnosis, treatment, and immunization of humans or animals and is capable of causing disease or would pose other adverse health risks to individuals or the community if improperly handled? (Page E1-3)

**Regulated Medical Waste (RMW)**

28. Chemotherapy trace waste is defined as needles, empty vials, syringes, gowns, and tubing that contained chemotherapeutic pharmaceuticals or were exposed to chemotherapeutic pharmaceuticals during treatment of the patients. These wastes must be classified as empty (less than what percent of its full capacity remaining) to meet this definition? (Page E1-3)

**3%**

29. Who is responsible for formulating and disseminating Navy Medicine policy and guidance related to the management of Regulated Medical Waste (RMW)? (Page E1-3)

**Chief, BUMED**

30. Who is responsible for ensuring that Regulated Medical Waste (RMW) is identified and managed according to existing regulations and policies, including adherence to the most stringent requirements applicable to a site are followed? (Page E1-4)

**Environmental Program Manager (EPM)**

31. How many years after being appointed must the Environmental Program Manager (EPM) take environmental training? (Page E1-4)

**1**

32. How often at a minimum must the Environmental Program Manager (EPM) visit each subordinate command to assess the environmental compliance posture and provide assistance as required? (Page E1-5)

**Annually**

33. Who is responsible for providing overall management of the Regulated Medical Waste (RMW) program for the site, including proper segregation, collection, storage, preparation for transport, and recordkeeping? (Page E1-5)

**Environmental Point of Contact (EPOC)**

34. How often must employees handling Regulated Medical Waste (RMW) receive environmental refresher training? (Page E1-6)

**Annually**

35. Within the facility, all non-sharps Regulated Medical Waste (RMW) must be placed in containers appropriate for the waste that are clearly marked with the universal biohazard symbol, labeled with the word "BIOHAZARD", and what in color? (Page E1-6)

**Red**

36. Containers used for the collection of non-sharp RMW must be lined with plastic RMW bags that are marked and certified by the manufacturer to meet the 165 gram (g) Impact Strength American Society for Testing and Materials (ASTM) D 1709-01 and the how many grams Tear Strength ASTM D 1922-00a standards? (Page E1-6)

**480 g**

37. What are vaccines containing thimerosal managed as? (Page E1-7)

**Hazardous Waste (HW)**

38. Pathological waste must be placed in frozen storage if it is to be maintained on-site longer than how many hours? (Page E1-8)

**24**

39. Which type of waste are extracted teeth considered to be? (Page E1-8)

Regulated Medical Waste (RMW)

40. Which type of waste are extracted teeth with amalgam considered to be? (Page E1-8)

**Dual**

41. Which type of waste are placentas considered to be if managed by the facility? (Page E1-8)

**Pathological**

42. Which Regulated Medical Waste (RMW) group may include but are not limited to semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, peritoneal fluid, pericardial fluid, and amniotic fluid? (Page E1-11)

**8**

43. If frozen, pathological waste may remain in storage on-site up to how many calendar days? (Page E1-11)

**30**

44. Non-pathological Regulated Medical Waste (RMW) may be placed unrefrigerated in final storage (i.e., the location where RMW is held to await off-site transport or disposal) for up to how many calendar days unless the waste becomes putrescent within a shorter storage duration? (Page E1-12)

**7**

45. Interim and final Regulated Medical Waste (RMW) storage areas must be constructed to prevent pest access, and to allow for easy cleaning, especially of spills. The entrance(s) to the storage area must be labeled as "BIOHAZARD" and marked with the universal biohazard symbol. If the signage cannot be placed on the door, it must be placed on the wall directly adjacent to the entry. Per BUMEDINST 6220.14, the signage must be fluorescent orange or orange-red with lettering and symbols in a contrasting color such as black. The signage must be legible from a distance of at least how many feet? (Page E1-12)

**5**

46. Regulated Medical Waste (RMW) that will be transported over public roadways to an off-site treatment and disposal facility is typically removed by a Regulated Medical Waste (RMW) disposal contractor. This waste must be packaged per which reference including labeling requirements? (Page E1-13)

**49 CFR 100-185**

47. Steam sterilization must be achieved per equipment manufacturer recommendations, including equipment maintenance and testing. In the absence of manufacturer recommendations, steam sterilization requires temperatures of at least 121° C (250° F) for at least 90 minutes at 15 pounds per square inch of gauge pressure, and Geobacillus stearothermophilus spore strips must be used how often to test the sterilization process? (Page E1-14)

**Weekly**

48. Command and job specific training must occur prior to beginning work, and how often thereafter for all employees with occupational exposure to Regulated Medical Waste (RMW)? (Page E1-15)

**Annually**

49. Employees in continental United States locations responsible for packaging the Regulated Medical Waste (RMW) for off-site transport or signing the shipping documents and manifests must complete training that is specific for Class 6-Division 6.2 hazardous materials and compliant with the requirements of 49 CFR 100-185. Initial training is required as soon as possible, but not longer than how many days, upon assuming duties? (Page E1-15)

**90**

50. Each facility must develop a site-specific Medical Waste Management Plan. Modifications to the plan must be made within how many days of the annual review or following a significant process change? (Page E1-16)

**90**

51. How many years from the date of training must all training records be retained for? (Page E1-16)

**3**

52. Facilities must maintain Regulated Medical Waste (RMW) shipping documents and manifests for at least how many years after the waste was accepted by the transporter? (Page E1-16)

**2**

53. If Regulated Medical Waste (RMW) is transported off-site, the receiving facility must provide written documentation certifying proper treatment and disposal to the generating facility. In the event that this documentation is not received within how many days, the EPM must notify the contracting officer representative for the RMW disposal contract to determine appropriate means of contacting the transporter and receiving facility to trace the disposal? (Page E1-16)

**60**

## COMMUNICABLE DISEASE CONTROL

(144 Questions)

1. What will prescribe specific immunization and chemoprophylactic requirements for their units per established requirements? (Page 1)

**Command Medical Authority**

2. What is the Executive Agent for the Military Vaccination Program? (Page 2)

**Army**

3. What provides medical services for the U.S. Marine Corps? (Page 2)

**U.S. Navy**

4. Military service policy concerning immunizations follows what recommendations in addition to the ACIP and the prescribing information on the manufacturer's package inserts unless there is a military-relevant reason to do otherwise? (Page 2)

**CDC**

5. Vaccine doses in an initial series administered how many or more days earlier than the minimum interval should not be counted as valid doses? (Page 3)

**5**

6. What is usually recommended or required to increase immunity back to protective levels for vaccines that do not provide lifetime immunity? (Page 3)

**Booster dose**

7. How far should injections be separated by when simultaneous vaccine injections are necessary and different anatomical sites are not possible? (Page 3)

**1 inch**

8. What typically represent the most imminent threat in military training centers and are given immunization priority? (Page 3)

**Contagious diseases**

9. Two or more live virus vaccines must be administered simultaneously or separated by at least how many days? (Page 3)

**28**

10. TB testing if not done simultaneously with live virus vaccines should be done how many weeks after administration of live virus vaccines? (Page 3)

**4-6**

11. Vaccinia Immune Globulin is only available by ordering through what office? (Page 3)

**MILVAX**

12. Discard needles and syringes if vaccines are not administered before the end of the clinic day or vaccination session in accordance with the manufacturer's package insert. If no time line is provided, discard after how many hours? (Page 4)

**8**

13. At what temperatures should refrigerated vaccines be stored at? (Page 4)

**35°F to 46°F**

14. At what temperature or lower should frozen vaccines be stored? (Page 4)

**5°F**

15. What style of refrigerators are not authorized for vaccine storage? (Page 4)

**Dormitory**

16. How long should vaccine storage unit documented temperature logs be kept? (Page 4)

**3 years**

17. At least how often should vaccine storage alarms be tested? (Page 4)

**Monthly**

18. Vaccine storage alarm test records should be maintained for at least how many years? (Page 4)

**3**

19. When using a Styrofoam™ cooler for transporting vaccines the container walls must be at least how many inches thick? (Page 5)

**2**

20. With regards to the smallpox vaccine, a specific pre-immunization screening form that assesses the date of the last menstrual period is required. A pregnancy test is recommended for women when it's been more than how many days since their last menstrual period? (Page 5)

**28**

21. What are the two types of exemptions from immunization? (Page 6)

**Medical and Administrative**

22. Medical exemptions from immunization are considered temporary if they are up to how many days? (Page 6)

**365**

23. What publication contains the Army's religious accommodation policy for immunizations? (Page 6)

**AR 600-20**

24. Permanent immunizations based on Religion are not granted in the Air Force. Who is the designated approval and revocation authority for temporary immunization exemptions? (Page 6)

**MAJCOM commander**

25. Individuals preparing paper-based immunization and chemoprophylaxis records will ensure that paper records match the electronic ITS. If paper-based immunization or chemoprophylaxis records are used, electronic ITS will be updated within what time frame? (Page 7)

**24 hours**

26. What form is required for yellow fever documentation and or prepared upon request for each member of the Armed Forces and for non-military personnel receiving immunizations, including date, immunization given, dose, and the initials of the person administering the vaccine? (Page 7)

**CDC form 731**

27. A minimum of how many adult doses of epinephrine must be immediately accessible on scene for the medical management of an anaphylaxis event whenever vaccines are administered? (Page 8)

**3**

28. ACIP general recommendations suggest that persons be observed for how many minutes after being immunized? (Page 8)

**15-20**

29. At least how often should MTF facilities and commands storing service treatment records review immunization and chemoprophylaxis practices to ensure compliance with current standards of care and documentation and as a measure of medical readiness and health promotion? (Page 9)

**Annually**

30. Except in an outbreak setting or for individual clinical purposes, immunization records will not be screened after completion of initial training with regard to measles, mumps, rubella, poliovirus, or what other vaccines? (Page 10)

**Varicella**

31. Live virus vaccines must be given on the same day or at least how many days apart if not given on the same day? (Page 10)

**28**

32. Aviation personnel are typically grounded for how many hours after immunization or as specified by their flight surgeon? (Page 11)

**12**

33. What will employees at occupational risk of exposure to wastewater or sewage receive per ACIP recommendations? (Page 12)

**Tetanus-diphtheria toxoids**

34. Family members of military personnel receive immunizations according to what current recommendations? (Page 13)

**ACIP**

35. What instruction addresses the immunization of other than U.S. Forces for biological warfare defense? (Page 13)

**DODI 6205.4**

36. Serologic testing of health care workers who have direct contact with patients and those who have potential occupational risk for exposure to bloodborne pathogens must be conducted how many months after completion of the hepatitis B vaccine series to determine serologic response according to CDC and ACIP recommendations? (Page 14)

**1 to 2**

37. How often must influenza vaccines be administered to all active duty, reserve, and National Guard personnel? (Page 14)

**Annually**

38. Unless seroimmune to both measles and rubella, the MMR vaccine must be administered to susceptible basic trainees and accessions within the first how many weeks of training? (Page 15)  
**2**
39. The meningococcal vaccine must be administered to basic trainees, cadets, and midshipmen at Service academies within the first 2 weeks of training if there is no evidence of vaccination within the last how many years? (Page 15)  
**5**
40. Ensure personnel born after what year have received two lifetime doses of MMR vaccine or have positive serologic test results? (Page 15)  
**1957**
41. A second dose of the pneumococcal vaccine must be administered to persons without spleens or severely immunocompromised how many years after the initial dose? (Page 15)  
**5**
42. The meningococcal vaccine must be administered to personnel who are designated to deploy within how many days of notification? (Page 15)  
**10**
43. In what year did the WHO declare the global eradication of naturally occurring smallpox? (Page 16)  
**1980**
44. A pre-exposure prophylactic immunization series may be indicated for people with potential occupational risk of exposure to rabid animals, or for forces assigned to locations where access to definitive care likely exceeds how many hours? (Page 16)  
**24**
45. Booster doses of Tetanus-diphtheria (Td) must be administered to all personnel every how many years following the completion of the primary three-dose series? (Page 17)  
**10**
46. Adults and adolescents require two doses of varicella vaccine that are given how many weeks apart? (Page 17)  
**4 to 8**
47. Within the first how many weeks of initial training must the varicella vaccine be administered to susceptible trainees and other accessions? (Page 17)  
**2**
48. In what way is yellow fever infection transmitted? (Page 17)  
**Mosquito bite**
49. What is defined as the administration of medication before, during, or after possible exposure to an infectious agent, to prevent either infection or disease? (Page 18)  
**Chemoprophylaxis**
50. What publication should be consulted for chemical warfare-related chemoprophylaxis? (Page 18)  
**Medical Management of Chemical Casualties**
51. What has been shown to increase survival when used after exposure to anthrax and before onset of symptoms? (Page 18)  
**Antibiotics and Immunoglobulin**
52. Chemoprophylaxis agents dispensed to individuals must be in unit-of-use packaging or in child-resistant containers consistent with what Act? (Page 18)  
**Poison Prevention Packaging Act**
53. What is the primary drug used for Group A Streptococcus? (Page 18)  
**Penicillin**
54. What is effective in preventing leptospirosis in exposed military personnel during periods of high risk of exposure? (Page 19)  
**Doxycycline**
55. What licensed vaccine is effective against the pneumonic plague? (Page 19)  
**None**
56. How often at a minimum do combatant commanders provide the Chairman of the Joint Chiefs of Staff with their assessment of the biological warfare threats to their theaters? (Page 20)  
**Annually**

57. How often at a minimum does the President of the Defense Health Board in consultation with the Secretaries of the Military Departments identify to the ASD (HA) the vaccines available to protect against validated biological warfare threat agents and recommend the appropriate immunization protocols and/or chemoprophylaxis? (Page 20)

**Annually**

58. The DoD Immunization Program for Biological Warfare Defense is conducted within how many days after receiving the validated and prioritized biological warfare threat list? (Page 20)

**30**

59. For infectious disease threats for which the only available vaccine or chemoprophylaxis product is in an IND status, the IND product must be administered in full accordance with FDA regulations at 21 CFR Parts 50 and 312, as well as 10 USC 1107, Executive Order 13139, and what else? (Page 20)

**DODD 6200.2**

60. Using the appropriate chain, who must Commanders request approval from to use INDs for force health protection? (Page 20)

**SECDEF**

61. A vaccine, antibiotic, or other product in an IND status may be mandatory for military members if who has approved a waiver for the requirement for informed consent? (Page 20)

**POTUS**

62. What is the Executive Agent for the Immunization Program for Biological Warfare Defense? (Page 21)

**Army**

63. Under what act, some drugs, vaccines, or devices that have not been approved or licensed by the FDA through the regular drug approval process may be used as medical countermeasures to CBRN agents or threats, if the FDA grants an EUA? (Page 21)

**21 USC 564**

64. In general, the FDA may grant an EUA for up to how many months? (Page 21)

**12**

65. The FDA may decide that potential recipients of a drug under an EUA should have the option to refuse it. Who may waive this option for military personnel? (Page 21)

**POTUS**

66. Requests for possible EUAs for military purposes must be submitted to what for consideration? (Page 21)

**ASD (HA)**

67. What is one of the most deadly diseases in tropical and subtropical regions? (Page 1)

**Malaria**

68. What percent of the world is endemic for malaria? (Page 1)

**40**

69. Over how many deaths per year can be attributed to malaria? (Page 1)

**1,000,000**

70. Per which reference has malaria been included as an Armed Services reportable disease due to its high military significance? (Page 2)

**BUMEDINST 6220.12C**

71. What should direct when and if malaria chemoprophylaxis is required by the operational commander which should also provide preventive medicine guidance directives needed to minimize the malaria risk? (Page 2)

**HSS annex**

72. Which website should medical planners or unit medical personnel obtain access to for current DoD risk estimates of the malaria burden in planned area of operations or deployments? (Page 2)

**National Center for Medical Intelligence (NCMI)**

73. Which reference provides a compact reference for medical support to Navy and Marine Corps operations in malarious zones? (Page 2)

**NMCPHC-TIM PM 6250.1**

74. Which website provides general travel, malaria specific travel information by country, prevention and treatment recommendations for malaria not covered by the DoD/DoN? (Page 2)

**CDC**

75. Which Navy Regulations article states that commanders are responsible for protecting the health of the persons in their charge and to obtain advice from their medical personnel? (Page 3)

**Article 0923**

76. Which reference must the Commanding Officer along with the Navy and Marine Corps Public Health Center ensure is periodically revised with current information on prevention and treatment of malaria, vector surveillance, and control measures? (Page 3)

**NMCPHC-TIM PM 6250.1**

77. How many days of standard malaria chemoprophylaxis supplies may be issued by MTFs for individual travel or small detachment unit travel on a case by case basis? (Page 3)

**30-60**

78. Which personnel must be identified and evaluated by the Medical Department prior to deployment to determine their need for special chemoprophylaxis and treatment protocols when traveling, transiting through, or deploying to malaria-risk areas? (Page 4)

**G-6-PD deficient**

79. What must be provided by medical providers or their support staff for all suspect or confirmed malaria cases to the Navy and Marine Corps Public Health Center using the Disease Reporting System internet (DRSi) or other authorized methods? (Page 4)

**Medical Event Report (MER)**

80. Malaria should be considered in all diagnoses of febrile illness when medical history includes travel to malarious areas. A complete history of travel should be obtained for at least how many months prior to the illness? (Page 4)

**6**

81. What can cause psychiatric symptoms when it is used for prophylaxis? (Page 5)

**Mefloquine**

82. What is defined as the hygienic means of promoting health through prevention of human contact with the hazards of wastes? (Page 9-1)

**Sanitation**

83. What is any animal capable of transmitting pathogens or producing human or animal discomfort or injury called? (Page 9-1)

**Vector**

84. What are organisms (insects, rodents, snakes, etc.) that adversely affect military operations and the well-being of man and animal; attack real property, supplies, and equipment; or are otherwise undesirable? (Page 9-1)

**Pests**

85. What are vaccines used to protect Navy and Marine Corps personnel against certain diseases before exposure to infection called? (Page 9-2)

**Prophylactic immunizations**

86. What are diseases that may be transmitted from a carrier to a susceptible host called? (Page 9-2)

**Communicable**

87. What series sets drinking water standards for both ashore and afloat U.S. Naval establishments worldwide? (Page 9-3)

**BUMEDINST 6240.1**

88. What series addresses the requirements for food service training? (Page 9-2)

**SECNAVINST 4061.1**

89. What is the spent water of a ship, base, industrial plant, or other activity called? (Page 9-4)

**Wastewater**

90. What is the number of micro-organisms contaminating an object referred to as? (Page 9-5)

**Bioburden**

91. What sets the minimum standards that immunizations procured for the Armed Forces are required to meet? (Page 9-2)

**Department of Health and Human Services (HHS)**

92. In 2008, infections accounted for an estimated 1.7 million infections and how many associated deaths in American hospitals alone, according to the Centers for Disease Control and Prevention (CDC)? (Page 9-4)

**99,000**

93. What is the reproduction and growth of micro-organisms in living tissue cells or on a nutrient medium called? (Page 9-5)

**Culture**

94. What is a diagnostic test of a pre-vacuum sterilizer's ability to remove air from the chamber and detect air leaks? (Page 9-5)

**Bowie-Dick Type Test**



95. What is the state of being free of pathogenic organisms called? (Page 9-5)

**Asepsis**

96. What is an infection resulting from treatment in a hospital that is secondary to the patient's original condition called? (Page 9-6)

**Nosocomial Infection**

97. What is a process that destroys all types and forms of micro-organisms called? (Page 9-6)

**Sterilization**

98. What is the quantity of materials or supplies required to treat a single patient called? (Page 9-6)

**Unit Dose**

99. What is the study of micro-organisms called? (Page 9-7)

**Microbiology**

100. What are disease producing organisms said to be? (Page 9-7)

**Pathogenic**

101. What are micro-organisms that are much smaller than bacteria called? (Page 9-7)

**Viruses**

102. What are single-celled animals that do not have a rigid cell wall called? (Page 9-7)

**Protozoa**

103. What is one of the most important procedures in preventing the transfer of micro-organisms from one person to another? (Page 9-8)

**Hand washing**

104. What is an effective antiseptic for reducing transient and resident microbial hand flora, and has a sustained antimicrobial effect? (Page 9-9)

**Chlorhexidine gluconate**

105. What are water soluble complexes of iodine with organic compounds that are effective against all gram-positive and gram-negative bacteria and viruses? (Page 9-9)

**Iodophors**

106. Waterless hand washing agents contain 70 percent isopropyl alcohol and virtually disinfect the skin in how many seconds? (Page 9-9)

**20**

107. Washing increases the protective nature of gloves up to what percent? (Page 9-10)

**60**

108. What are the highest quality, most expensive, and best fitting gloves? (Page 9-10)

**Sterile Surgical**

109. What type of gloves offer the highest quality and best fit at a greatly reduced cost when sterile surgical gloves are not required? (Page 9-10)

**Procedural**

110. What type of gloves are the least expensive type of non-sterile gloves that are commonly used in routine procedures? (Page 9-10)

**Latex examination**

111. What is a stiff, thin, woven mask used for simple procedures for protection from splashing and aerosols? (Page 9-11)

**Cone Mask**

112. What is a lightweight, nose-and-mouth respirator that can provide some level of protection for the wearer from viruses and small particles? (Page 9-11)

**N95 Respirator**

113. What are the second tier of infection prevention precautions? (Page 9-12)

**Transmission-based**

114. What precautions are used for patients infected with microorganisms spread by coughing, sneezing, or talking such as influenza virus, adenovirus and rhinovirus? (Page 9-12)

**Droplet**

115. All active duty healthcare personnel will be tested for HIV every two years and tuberculosis testing and/or screening on what basis? (Page 9-13)

**Annual**

116. What describes those practices used to prevent the transfer of pathogenic organisms from person to person, place to place, or person to place? (Page 9-13)

**Medical asepsis**

117. For DTRs, at the beginning of the day flush each of the unit water lines and hoses for at least 1 minute, even if their use is not anticipated and flush for at least how many seconds between patients? (Page 9-15)

**30**

118. Potable water supplies may contain up to 100 bacterial colony forming units per millimeter (cfu/ml), and water in dental units, at times, can contain in excess of how many cfu/ml? (Page 9-15)

**1,000,000**

119. Up to what percent will three 10-second rinses with mouthwash temporarily reduce a patient's microbial count by? (Page 9-15)

**97%**

120. What is a liquid or solid waste containing pathogens in sufficient numbers and of sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste? (Page 9-19)

**Infectious waste**

121. What should used disposable sharps, such as needles, scalpel blades, capsules, disposable syringes, used burs, and broken instruments be treated as? (Page 9-20)

**Regulated waste**

122. If the HM is in an area where infectious waste cannot be treated on-site, do not store without refrigeration for more than how many days? (Page 9-21)

**7**

123. Remove any blood or fluid spills with an absorbent material and disinfect the area with a solution of household bleach diluted to what amount with clear water or an EPA approved disinfectant? (Page 9-23)

**1:10**

124. What is the term that describes the sterilization, storage, and handling of articles to keep them free of pathogenic organisms? (Page 9-24)

**Surgical aseptic technique**

125. The use of what in the operating room is the LEAST DESIRABLE method of cleaning? (Page 9-24)

**Mops**

126. What reduces resident and transient skin flora (bacteria) to a minimum? (Page 9-26)

**Surgical hand scrub**

127. What reference establishes swimming, bathing, and water training public health requirements? (Page 22-7)

**NAVMED P-5010**

128. What provides direction for the operation of shipboard potable water supply plants? (Page 22-10)

**NSTM Chapter 533**

129. What series provides the operation policy for installation drinking water systems? (Page 22-10)

**OPNAVINST 5090.1**

130. What maintains a staff of experts in military public health policy and may be consulted about applicable directives or guidance for controlling specific diseases? (Page 22-14)

**NMCPHC**

131. Which reference provides general public health guidance with respect to wastewater treatment and disposal? (Page 22-11)

**NAVMED P-5010**

132. What reference establishes requirements for operation of shipboard sewage systems and physical and chemical environmental standards aboard ship? (Page 22-11)

**OPNAVINST 5090.1**

133. Immunization programs for DON personnel, their dependents, and eligible civilians shall be administered in accordance with what series? (Page 22-17)

**BUMEDINST 6230.15**

134. What is the DoD Executive Agent for the DoD Border Customs and Clearance Program? (Page 22-22)

**USTRANSCOM**

135. Cholera has an incubation period from 2 hours to how many days? (Page 22-23)

**5**

136. What is the incubation period of the Plague? (Page 22-23)

**3-7 days**

137. What is the incubation period of Smallpox? (Page 22-23)

**12-14 days**

138. What is the incubation period of Yellow Fever? (Page 22-23)

**3-6 days**

139. What is the incubation period of Ebola? (Page 22-23)

**2-21 days**

140. How long is a ship sanitation certificate valid for? (Page 22-24)

**6 months**

141. OPNAVINST 5100.23 along with what other series establish, affirm, and assign responsibilities of the Navy Occupational Health Program? (Page 22-29)

**OPNAVINST 5100.19**

142. DoD Directive 6205.02E along with what other instruction direct immunization programs for military personnel? (Page 22-32)

**BUMEDINST 6230.15A**

143. What is defined as the anticipation, recognition, evaluation and control of health hazards that may occur in the workplace? (Page 22-41)

**Industrial Hygiene**

144. What is the information management system for longitudinal exposure recordkeeping and reporting? (Page 22-41)

**DOEHRS**

## ENVIRONMENTAL HEALTH

(30 Questions)

1. Which program is a hazardous material control and management plan calling for all hazardous material to be centrally controlled onboard ships? (Page B3-1)

**CHRIMP**

2. What is an issue/reuse site with hazardous material inventory tracking software? (Page B3-1)

**HAZMINCEN**

3. Which document contains the potential health effects of exposure to chemicals, or other potentially dangerous substances, and the safe working procedures when handling chemical products? (Page B3-4)

**MSDS**

4. What is defined as any material that, because of its quantity, concentration, or physical or chemical characteristics, may pose a hazard to human health or the environment during use, handling, storage, transportation, or spill? (Page B3-2)

**Hazardous Material (HM)**

5. What is the central repository for MSDS for the United States government military services and civil agencies? (Page B3-4)

**Hazardous Material Information Resource System (HMIRS)**

6. Which code on the Ships Hazardous Materials List (SHML) identifies which hazardous material (HM) the HAZMINCEN controls? (Page B3-5)

**Material Management Indicator (MMI)**

7. Which Ships Hazardous Materials List (SHML) Material Management Indicator (MMI) code indicates the material is authorized for shipboard use? (Page B3-5)

**A**

8. Which Ships Hazardous Materials List (SHML) Material Management Indicator (MMI) code indicates the material is prohibited for shipboard use and should not be stored or used aboard ship? (Page B3-5)

**P**

9. Which Ships Hazardous Materials List (SHML) Material Management Indicator (MMI) code indicates material having shipboard use restrictions? (Page B3-5)

**R**

10. What is the master hazardous material authorized use list for surface ships? (Page B3-4)

**Ships Hazardous Materials List (SHML)**

11. Which Ships Hazardous Materials List (SHML) Material Management Indicator (MMI) code indicates the HAZMINCEN shall store and centrally control the hazardous material? (Page B3-5)

**Y**

12. Which Ships Hazardous Materials List (SHML) Material Management Indicator (MMI) code indicates the hazardous material is a low risk and doesn't require HAZMINCEN control? (Page B3-5)

**N**

13. What is the principal software system used on Navy surface ships for implementing the Navy's consolidated hazardous material reutilization and inventory management program (CHRIMP)? (Page B3-5)

**Hazardous Inventory Control System for Windows (HICSWIN)**

14. How often should the Commanding Officer prepare and submit a report of HAZMINCEN operational efficiency to the chain of command? (Page B3-7)

**Annually**

15. How often must the Executive Officer review the list of Hazardous Material (HM) with department heads to ensure that CHRIMP efforts are optimized to minimize Hazardous Material (HM) stowage locations and eliminate excessive or unauthorized quantities of Hazardous Material (HM)? (Page B3-7)

**Semi-Annually**

16. Who should HAZMINCEN manning guidance be obtained from? (Page B3-8)

**Type commander**

17. How often at a minimum must Executive Officers ensure supply and safety officers make Hazardous Material storeroom inspections? (Page B3-8)

**Quarterly**

18. How often at a minimum must the Executive Officer review the ship's training plan to ensure that Hazardous Material (HM) awareness training is included? (Page B3-8)

**Annually**

19. Who is responsible for approving work-center hazardous material storage locations/lockers? (Page B3-14)

**Safety Officer**

20. How often at a minimum must each division be checked for compliance with CHRIMP requirements? (B3-14)  
**2**

21. Who is responsible for ensuring pollution prevention afloat equipment is operational and in use? (Page B3-14)

**Afloat Environmental Protection Coordinator (AEPC)**

22. How often at a minimum must all hands complete hazardous material awareness training? (Page B3-16)

**Annually**

23. Who grants written permission to carry onboard any restricted Hazardous Material (HM) during an underway period? (Page B3-18)

**Executive Officer**

24. How often at a minimum must all restricted and limited use Hazardous Material (HM) items be inventoried? (Page B3-20)

**Semi-Annually**

25. Who must give written authorization prior to open purchasing any Hazardous Material (HM)? (Page B3-20)

**Commanding Officer**

26. Who must train the personnel who will respond to Hazardous Material (HM) spills? (Page B3-22)

**DCA**

27. Who is responsible for developing and implementing a Hazardous Material (HM) Spill Contingency Plan (SCP)? (Page B3-23)

**DCA**

28. How often must the Damage Control Assistant (DCA) inspect Oil and Hazardous Substance (OHS) kits? (Page B3-23)

**Monthly**

29. How many Oil and Hazardous Substance (OHS) spill response drills at a minimum must ships conduct and document for each duty section per year? (Page B3-24)

**1**

30. How often at a minimum shall the Hazardous Material Control & Management (HMC&M) Program be evaluated for compliance and effectiveness? (Page B3-25)

**Annually**

## INFECTION CONTROL PROGRAM AND PROCEDURES

(219 Questions)

1. What term is defined as an illness due to a specific infectious agent or toxic products which arises through transmission of that agent or its products from an infected person, animal, or inanimate reservoir to a susceptible host, either directly or indirectly? (Page 1)

### **Communicable Disease**

2. What confer a high risk for infection if they are contaminated with any microorganism, including bacterial spores? (Page 1)

### **Critical Devices**

3. What is an infection whose manifestations are not evident either at admission or within a likely incubation period for acquisition outside the health care facility? (Page 1)

### **Healthcare-Associated Infection (HAI)**

4. In general, infections are not considered HAIs unless the onset of the infections occurs more than how many hours after the time of admission or treatment? (Page 1)

**48**

5. What is defined as an organism that is capable of producing infection or infectious disease? (Page 1)

### **Infectious Agent**

6. What type of medical devices contact mucous membranes or non-intact skin? (Page 2)

### **Semi-critical**

7. Clinical dentistry is practiced under how many basic conditions that require the application of infection control measures to mitigate the risk of cross-contamination? (Page 2)

**2**

8. Aerosols take considerable energy to generate, consist of particles less than how many microns in diameter, and are not typically visible to the naked eye? (Page 2)

**10**

9. What are incompatible with infection control principles and should not be in DTRs? (Page 1-1)

### **Electric fans**

10. Each day should begin with a hand wash with a minimum duration of how many seconds from fingertips to the wrist with soap and lukewarm water? (Page 1-1)

**15**

11. For routine dental treatment output water there must be less than or equal to what amount of CFUs per ML of heterotrophic water bacteria to meet EPA standards for drinking water? (Page 1-1)

**500**

12. What concept is the quantity of materials or supplies required to treat a single patient? (Page 1-2)

### **Unit dose**

13. What items must be heat sterilized after cleaning following local CSR standard operating procedures? (Page 1-3)

### **Critical and Semi-Critical**

14. What technique should be used to recap anesthetic needles? (Page 1-3)

### **One handed "scoop"**

15. The method of transporting contaminated instruments from the DTR to CSR is based on the result of the clinic's risk assessment and may require more stringent containment and labeling per what standards? (Page 1-4)

### **OSHA**

16. What indicates that all blood, saliva, and body fluids in the health care setting should be treated as potentially infectious as indicated by OSHA? (Page 2-1)

### **Standard precautions**

17. Water and air must be flushed for how many seconds after each patient from any device connected to the dental water system that enters the patient's mouth? (Page 1-3)

**20-30**

18. What are the two most common patient care items that rely on dental laboratory support and carry a multitude of oral microorganisms originating from dental plaque, blood, and saliva? (Page 2-1)

### **Prostheses and oral impressions**

19. Some microorganisms within prosthetic materials are known to survive up to how many days? (Page 2-1)

**7**

20. What are the two functional areas that need to be considered when developing dental laboratory infection control procedures? (Page 2-1)

**DTR and Dental Laboratory**

21. What regulations are materials that originate from either the treatment area or dental laboratory that are not decontaminated subject to regarding transportation and shipping of potentially infectious materials? (Page 2-3)

**OSHA**

22. What form should be used to clearly label the method of disinfection used for contaminated items? (Page 2-3)

**DD Form 2322**

23. How many separate work areas should each dental laboratory have whenever possible? (Page 2-3)

**3**

24. How often should pumice brushes be cleaned, disinfected, and sterilized? (Page 2-4)

**Daily**

25. Before turning on the lathe ensure that protective eyewear is worn, plexiglass is properly positioned, and the vacuum ventilation system is activated (at least how many feet per minute continuous suction)? (Page 2-5)

**200**

26. What should never be used to polish wax patterns on Denture Wax-up? (Page 2-5)

**Saliva**

27. What must be used when there is potential for splash, spatter, spray, or exposure to aerosols created while working with contaminated materials or performing disinfection procedures? (Page 2-6)

**Face masks**

28. How often must all counter surfaces be disinfected in the Darkroom? (Page 3-1)

**Daily**

29. What should be used on film packets to minimize the risk of contamination of the fabric light shield sleeves? (Page 3-2)

**Plastic infection control barrier**

30. Digital sensors and other high-tech instruments that come into contact with oral mucous membranes are considered to be what type of devices? (Page 3-3)

**Semi-critical**

31. What will prescribe specific immunization and chemoprophylactic requirements for their units per established requirements? (Page 1)

**Command Medical Authority**

32. What is the Executive Agent for the Military Vaccination Program? (Page 2)

**Army**

33. What provides medical services for the U.S. Marine Corps? (Page 2)

**U.S. Navy**

34. Military service policy concerning immunizations follows what recommendations in addition to the ACIP and the prescribing information on the manufacturer's package inserts unless there is a military-relevant reason to do otherwise? (Page 2)

**CDC**

35. Vaccine doses in an initial series administered how many or more days earlier than the minimum interval should not be counted as valid doses? (Page 3)

**5**

36. What is usually recommended or required to increase immunity back to protective levels for vaccines that do not provide lifetime immunity? (Page 3)

**Booster dose**

37. How far should injections be separated by when simultaneous vaccine injections are necessary and different anatomical sites are not possible? (Page 3)

**1 inch**

38. What typically represent the most imminent threat in military training centers and are given immunization priority? (Page 3)

**Contagious diseases**

39. Two or more live virus vaccines must be administered simultaneously or separated by at least how many days? (Page 3)

**28**

40. TB testing if not done simultaneously with live virus vaccines should be done how many weeks after administration of live virus vaccines? (Page 3)

**4-6**

41. Discard needles and syringes if vaccines are not administered before the end of the clinic day or vaccination session in accordance with the manufacturer's package insert. If no time line is provided, discard after how many hours? (Page 4)

**8**

42. At what temperatures should refrigerated vaccines be stored at? (Page 4)

**35°F to 46°F**

43. At what temperature or lower should frozen vaccines be stored? (Page 4)

**5°F**

44. What style of refrigerators are not authorized for vaccine storage? (Page 4)

**Dormitory**

45. How long should vaccine storage unit documented temperature logs be kept? (Page 4)

**3 years**

46. At least how often should vaccine storage alarms be tested? (Page 4)

**Monthly**

47. Vaccine storage alarm test records should be maintained for at least how many years? (Page 4)

**3**

48. When using a Styrofoam™ cooler for transporting vaccines the container walls must be at least how many inches thick? (Page 5)

**2**

49. With regards to the smallpox vaccine, a specific pre-immunization screening form that assesses the date of the last menstrual period is required. A pregnancy test is recommended for women when its been more than how many days since their last menstrual period? (Page 5)

**28**

50. What are the two types of exemptions from immunization? (Page 6)

**Medical and Administrative**

51. Medical exemptions from immunization are considered temporary if they are up to how many days? (Page 6)

**365**

52. What publication contains the Army's religious accommodation policy for immunizations? (Page 6)

**AR 600-20**

53. Permanent immunizations based on Religion are not granted in the Air Force. Who is the designated approval and revocation authority for temporary immunization exemptions? (Page 6)

**MAJCOM commander**

54. Individuals preparing paper-based immunization and chemoprophylaxis records will ensure that paper records match the electronic ITS. If paper-based immunization or chemoprophylaxis records are used, electronic ITS will be updated within what time frame? (Page 7)

**24 hours**

55. What form is required for yellow fever documentation and or prepared upon request for each member of the Armed Forces and for non-military personnel receiving immunizations, including date, immunization given, dose, and the initials of the person administering the vaccine? (Page 7)

**CDC form 731**

56. A minimum of how many adult doses of epinephrine must be immediately accessible on scene for the medical management of an anaphylaxis event whenever vaccines are administered? (Page 8)

**3**

57. ACIP general recommendations suggest that persons be observed for how many minutes after being immunized? (Page 8)

**15-20**

58. At least how often should MTF facilities and commands storing service treatment records review immunization and chemoprophylaxis practices to ensure compliance with current standards of care and documentation and as a measure of medical readiness and health promotion? (Page 9)

**Annually**

59. Except in an outbreak setting or for individual clinical purposes, immunization records will not be screened after completion of initial training with regard to measles, mumps, rubella, poliovirus, or what other vaccines? (Page 10)

**Varicella**



60. Live virus vaccines must be given on the same day or at least how many days apart if not given on the same day? (Page 10)

**28**

61. Aviation personnel are typically grounded for how many hours after immunization or as specified by their flight surgeon? (Page 11)

**12**

62. What will employees at occupational risk of exposure to wastewater or sewage receive per ACIP recommendations? (Page 12)

**Tetanus-diphtheria toxoids**

63. Family members of military personnel receive immunizations according to what current recommendations? (Page 13)

**ACIP**

64. What instruction addresses the immunization of other than U.S. Forces for biological warfare defense? (Page 13)

**DODI 6205.4**

65. Serologic testing of health care workers who have direct contact with patients and those who have potential occupational risk for exposure to bloodborne pathogens must be conducted how many months after completion of the hepatitis B vaccine series to determine serologic response according to CDC and ACIP recommendations? (Page 14)

**1 to 2**

66. How often must influenza vaccines be administered to all active duty, reserve, and National Guard personnel? (Page 14)

**Annually**

67. Unless seroimmune to both measles and rubella, the MMR vaccine must be administered to susceptible basic trainees and accessions within the first how many weeks of training? (Page 15)

**2**

68. The meningococcal vaccine must be administered to basic trainees, cadets, and midshipmen at Service academies within the first 2 weeks of training if there is no evidence of vaccination within the last how many years? (Page 15)

**5**

69. Ensure personnel born after what year have received two lifetime doses of MMR vaccine or have positive serologic test results? (Page 15)

**1957**

70. A second dose of the pneumococcal vaccine must be administered to persons without spleens or severely immunocompromised how many years after the initial dose? (Page 15)

**5**

71. The meningococcal vaccine must be administered to personnel who are designated to deploy within how many days of notification? (Page 15)

**10**

72. In what year did the WHO declare the global eradication of naturally occurring smallpox? (Page 16)

**1980**

73. A pre-exposure prophylactic immunization series may be indicated for people with potential occupational risk of exposure to rabid animals, or for forces assigned to locations where access to definitive care likely exceeds how many hours? (Page 16)

**24**

74. Booster doses of Tetanus-diphtheria (Td) must be administered to all personnel every how many years following the completion of the primary three-dose series? (Page 17)

**10**

75. Adults and adolescents require two doses of varicella vaccine that are given how many weeks apart? (Page 17)

**4 to 8**

76. Within the first how many weeks of initial training must the varicella vaccine be administered to susceptible trainees and other accessions? (Page 17)

**2**

77. In what way is yellow fever infection transmitted? (Page 17)

**Mosquito bite**

78. What is defined as the administration of medication before, during, or after possible exposure to an infectious agent, to prevent either infection or disease? (Page 18)

**Chemoprophylaxis**

79. What publication should be consulted for chemical warfare-related chemoprophylaxis? (Page 18)

**Medical Management of Chemical Casualties**

80. What has been shown to increase survival when used after exposure to anthrax and before onset of symptoms? (Page 18)

**Antibiotics and Immunoglobulin**

81. Chemoprophylaxis agents dispensed to individuals must be in unit-of-use packaging or in child-resistant containers consistent with what Act? (Page 18)

**Poison Prevention Packaging Act**

82. What is the primary drug used for Group A Streptococcus? (Page 18)

**Penicillin**

83. What is effective in preventing leptospirosis in exposed military personnel during periods of high risk of exposure? (Page 19)

**Doxycycline**

84. What licensed vaccine is effective against the pneumonic plague? (Page 19)

**None**

85. How often at a minimum do combatant commanders provide the Chairman of the Joint Chiefs of Staff with their assessment of the biological warfare threats to their theaters? (Page 20)

**Annually**

86. How often at a minimum does the President of the Defense Health Board in consultation with the Secretaries of the Military Departments identify to the ASD (HA) the vaccines available to protect against validated biological warfare threat agents and recommend the appropriate immunization protocols and/or chemoprophylaxis? (Page 20)

**Annually**

87. The DoD Immunization Program for Biological Warfare Defense is conducted within how many days after receiving the validated and prioritized biological warfare threat list? (Page 20)

**30**

88. For infectious disease threats for which the only available vaccine or chemoprophylaxis product is in an IND status, the IND product must be administered in full accordance with FDA regulations at 21 CFR Parts 50 and 312, as well as 10 USC 1107, Executive Order 13139, and what else? (Page 20)

**DODD 6200.2**

89. Using the appropriate chain, who must Commanders request approval from to use INDs for force health protection? (Page 20)

**SECDEF**

90. A vaccine, antibiotic, or other product in an IND status may be mandatory for military members if who has approved a waiver for the requirement for informed consent? (Page 20)

**POTUS**

91. What is the Executive Agent for the Immunization Program for Biological Warfare Defense? (Page 21)

**Army**

92. Under what act, some drugs, vaccines, or devices that have not been approved or licensed by the FDA through the regular drug approval process may be used as medical countermeasures to CBRN agents or threats, if the FDA grants an EUA? (Page 21)

**21 USC 564**

93. In general, the FDA may grant an EUA for up to how many months? (Page 21)

**12**

94. The FDA may decide that potential recipients of a drug under an EUA should have the option to refuse it. Who may waive this option for military personnel? (Page 21)

**POTUS**

95. Requests for possible EUAs for military purposes must be submitted to what for consideration? (Page 21)

**ASD (HA)**

96. Which instruction provides policy and standardized procedures for proper infection control practices for Navy dentistry? (Page 1)

**BUMEDINST 6600.10**

97. Which virus is the major infectious occupational health hazard in all the health care professions? (Page 1)

**HBV**

98. Which reference is the standard to protect health care workers against all infectious diseases? (Page 2)

**Bloodborne Pathogens: Final Rule 29 CFR 1910.1030**

99. Approximately how many health care workers become infected with the Hepatitis B virus (HBV)? (Page 2)

**18,000**

100. How many annual deaths does the CDC estimate are caused by the Hepatitis B virus (HBV)? (Page 2)

**200**

101. How many annual hospitalizations does the CDC estimate are caused by the Hepatitis B virus (HBV)? (Page 2)

**600**

102. Who must be appointed in writing by Commanding Officers and Officers in Charge to assist with the implementation of the infection control program? (Page 2)

**ICO**

103. What involves taking steps to prevent the spread of infectious agents? (Page 1-1)

**Infection control**

104. What is defined as the process of preventing the access of micro-organisms? (Page 1-2)

**Asepsis**

105. What is defined as the number of micro-organisms contaminating an object? (Page 1-2)

**Bioburden**

106. What is defined as an unprocessed biological monitor from the same lot as the test monitor? (Page 1-2)

**Biological control**

107. What is defined as a bacterial endospore test designed to assess whether sterilization has actually occurred? (Page 1-2)

**Biological monitor**

108. What is defined as the propagation and growth of micro-organisms or living tissue cells in or on a nutrient medium? (Page 1-2)

**Culture**

109. What is defined as a diagnostic test of a prevacuum sterilizer's ability to remove air from the chamber and prevent air reentrant? (Page 1-2)

**Bowie-Dick Test**

110. How many different ways are dental items classified as based on the pathways through which cross contamination may occur and the location and technique of instrument use? (Page 1-3)

**3**

111. Which classification of dental items are defined as instruments and materials that penetrate the skin, mucous membranes, or bone? (Page 1-3)

**Critical**

112. Which classification of dental items are defined as instruments, equipment, or materials that frequently contact mucous membrane but cannot be sterilized due to their design or inability to withstand heat? (Page 1-3)

**Semi-critical**

113. Which classification of dental items are defined as instruments, equipment, or materials that do not normally penetrate or contact mucous membranes but which are exposed to splatter, spray, or splashing of blood, or are touched by contaminated hands? (Page 1-3)

**Non-critical**

114. Which type of infection originates in the environment of a hospital or freestanding dental treatment facility? (Page 1-4)

**Nosocomial**

115. Which process destroys all types and forms of micro-organisms? (Page 1-4)

**Sterilization**

116. How often must the Infection Control Officer (ICO) ensure that infection control functions are addressed as part of the command quality assurance program? (Page 1-6)

**Quarterly**

117. Medical Surveillance programs must include protocols for medical evaluation and testing for HBV and HIV antibodies as well as followup testing at 6 weeks, 12 weeks, and how many months? (Page 1-6)

**6**

118. What are the operating temperatures in the Prevacuum Type of sterilizer? (Page 1-5)

**132-135°C**

119. Medical Surveillance programs must include protocols for reviewing and revising all infection control policies at least how often? (Page 1-6)

**Annually**

120. Within how many days of reporting onboard must personnel receive initial infection control practices training? (Page 1-7)

**90**

121. How often at a minimum must personnel receive refresher infection control practices training? (Page 1-7)

**Annually**

122. How many years must the records of command infection control training sessions be retained? (Page 1-7)

**3**

123. Approximately what percentage of patients with HIV or HBV don't show any symptoms and may not even be aware of their infectious disease state? (Page 2-1)

**80%**

124. The established procedures that are known to prevent which infectious disease actually form the basis for universal precautions? (Page 2-1)

**HBV**

125. Dental personnel providing direct care who are exposed to blood and saliva must receive the HBV vaccine per NAVMEDCOMINST 6230.1A along with which other reference? (Page 2-1)

**NAVMEDCOMINST 6230.3**

126. How often is it mandated by SECNAVINST 5300.30C that all active duty health care personnel must receive HIV testing? (Page 2-1)

**Annually**

127. Washing increases the porosity of gloves up to what percent? (Page 2-2)

**60%**

128. Which guidelines must be followed for on-site laundering of personal protective attire? (Page 2-2)

**OSHA**

129. How often at a minimum must clinic apparel be changed? (Page 2-2)

**Daily**

130. How long at a minimum must each of the unit water lines and hoses be flushed for at the beginning of each workday? (Page 2-3)

**1 minute**

131. Up to how many colony forming units per millimeter may potable water supplies contain? (Page 2-3)

**100**

132. How many seconds should the hand piece be run for after each patient? (Page 2-3)

**30**

133. Dental procedures usually generate aerosol particles that average how many microns in diameter? (Page 2-4)

**1.3**

134. When inhaled, particles less than how many microns in diameter can penetrate directly to the terminal bronchioles and alveoli of the lungs? (Page 2-4)

**5**

135. Three 10-second mouthwash rinses will temporarily reduce a patient's microbial count by up to what percent? (Page 2-4)

**97%**

136. Which concept must be used when dispensing supplies for each treatment setup? (Page 2-5)

**Unit dose**

137. Using opened, properly decanted irrigation solutions is acceptable for up to how long for nonsurgical use? (Page 2-5)

**1 week**

138. Using opened, properly decanted irrigation solutions is acceptable for up to how long for surgical procedures? (Page 2-5)

**1 day**

139. Which technique may be used to recap a needle if necessary? (Page 2-6)

**Scoop**

140. Which technique should be used to clean and disinfect all unprotected "high touch" areas? (Page 2-6)

**Spray-Wipe-Spray**

141. What percent glutaraldehyde should not be used as a surface disinfectant due to which type of vapors? (Page 2-6)

**Caustic**

142. At least how much water should be used to flush the high volume evacuator system when securing the DTR at the end of the day? (Page 2-7)

**1 Quart**

143. How often at a minimum must the high volume evacuator system be cleaned with an HVE system cleaner? (Page 2-7)

**Weekly**

144. How many seconds at a minimum must each unit water line and hose be flushed for when securing the DTR at the end of the day? (Page 2-7)

**30**

145. What is the maximum number of days that mops may be used without laundering them? (Page 2-8)

**1**

146. How many minutes at a minimum must contaminated laundry be washed for with a water temperature of at least 160°F? (Page 2-8)

**25**

147. Which instruction is the final authority on infectious waste management? (Page 2-9)

**BUMEDINST 6280.1A**

148. What is one of the most important procedures in preventing the transfer of micro-organisms from one person to another? (Page 3-1)

**Handwashing**

149. How many types of flora are harbored by the skin? (Page 3-1)

**2**

150. Which type of organisms can survive and multiply on the skin, can be cultured repeatedly from the skin, are usually of low virulence and are not easily removed? (Page 3-1)

**Resident**

151. Which type of bacteria don't survive and multiply on the skin and are not firmly attached? (Page 3-1)

**Transient**

152. What are water soluble complexes of iodine with organic compounds which are effective against all gram positive and gram negative bacteria and viruses? (Page 3-1)

**Iodophors**

153. What is an effective antiseptic for reducing transient and resident microbial hand flora, has a sustained antimicrobial effect and does not appear to adversely affect the skin? (Page 3-1)

**Chlorhexidine gluconate**

154. How many seconds does it take for seventy percent isopropyl alcohol to virtually disinfect the skin? (Page 3-1)

**20**

155. How often at a minimum must biological monitoring be conducted for the sterilization process? (Page 4-4)

**Weekly**

156. How often must the Bowie-Dick test be performed when using prevacuum sterilizers? (Page 4-4)

**Weekly**

157. What is the minimum temperature to achieve sterilization with dry heat? (Page 4-4)

**320°F**

158. How many minutes is the typical dry heat cycle? (Page 4-4)

**90**

159. How many hours does it take at 120°F using a heated unit does it take to achieve sterilization using ethylene oxide gas? (Page 4-5)

**2-3**

160. How often at a minimum must the temperature be monitored and recorded in the sterilizer well of bead sterilizers? (Page 4-5)

**Weekly**

161. What is the preferable sterilization method for burs and diamonds? (Page 4-5)

**Dry heat**

162. How often at a minimum must biological monitoring be performed? (Page 4-6)

**Weekly**

163. How many minutes at 270°F does chemical vapor sterilization require? (Page 4-5)

**20**

164. What can be used to reduce the cosmetic damage to the finish of handpieces and angles? (Page 4-5)

**Autoclave bags**

165. How many different ways does the EPA classify disinfectants? (Page 5-1)

**3**

166. Which disinfectant category do glutaraldehyde-based solutions fall under? (Page 5-2)

**High-level**

167. Which disinfectant category do Iodophors fall under if the product label claims tuberculocidal activity? (Page 5-2)

**Intermediate-level**

168. Which disinfectant category do phenolics fall under if the product label claims tuberculocidal activity? (Page 5-2)

**Intermediate-level**

169. How often at a minimum must Dental Delivery Systems (DDS) be disinfected? (Page 5-3)

**Daily**

170. Which level of disinfection should be received by all semi-critical items? (Page 5-3)

**High-level**

171. How often at a minimum must HVE and SE tubing and cuspidore be flushed with a central evacuation system cleaner? (Page 5-4)

**Weekly**

172. What is the minimum level of disinfection required for all noncritical category items? (Page 5-5)

**Intermediate-level**

173. How often at a minimum must all counter surfaces in the darkroom be disinfected? (Page 7-1)

**Daily**

174. How often at a minimum must the x-ray chair be disinfected? (Page 7-2)

**Daily**

175. What is defined as the hygienic means of promoting health through prevention of human contact with the hazards of wastes? (Page 9-1)

**Sanitation**

176. What is any animal capable of transmitting pathogens or producing human or animal discomfort or injury called? (Page 9-1)

**Vector**

177. What are organisms (insects, rodents, snakes, etc.) that adversely affect military operations and the well-being of man and animal; attack real property, supplies, and equipment; or are otherwise undesirable? (Page 9-1)

**Pests**

178. What are vaccines used to protect Navy and Marine Corps personnel against certain diseases before exposure to infection called? (Page 9-2)

**Prophylactic immunizations**

179. What are diseases that may be transmitted from a carrier to a susceptible host called? (Page 9-2)

**Communicable**

180. What series sets drinking water standards for both ashore and afloat U.S. Naval establishments worldwide? (Page 9-3)

**BUMEDINST 6240.1**

181. What series addresses the requirements for food service training? (Page 9-2)

**SECNAVINST 4061.1**

182. What is the spent water of a ship, base, industrial plant, or other activity called? (Page 9-4)

**Wastewater**

183. What is the number of micro-organisms contaminating an object referred to as? (Page 9-5)

**Bioburden**

184. What sets the minimum standards that immunizations procured for the Armed Forces are required to meet? (Page 9-2)

**Department of Health and Human Services (HHS)**

185. In 2008, infections accounted for an estimated 1.7 million infections and how many associated deaths in American hospitals alone, according to the Centers for Disease Control and Prevention (CDC)? (Page 9-4)

**99,000**

186. What is the reproduction and growth of micro-organisms in living tissue cells or on a nutrient medium called? (Page 9-5)

**Culture**

187. What is a diagnostic test of a pre-vacuum sterilizer's ability to remove air from the chamber and detect air leaks? (Page 9-5)

**Bowie-Dick Type Test**

188. What is the state of being free of pathogenic organisms called? (Page 9-5)

**Asepsis**

189. What is an infection resulting from treatment in a hospital that is secondary to the patient's original condition called? (Page 9-6)

**Nosocomial Infection**

190. What is a process that destroys all types and forms of micro-organisms called? (Page 9-6)

**Sterilization**

191. What is the quantity of materials or supplies required to treat a single patient called? (Page 9-6)

**Unit Dose**

192. What is the study of micro-organisms called? (Page 9-7)

**Microbiology**

193. What are disease producing organisms said to be? (Page 9-7)

**Pathogenic**

194. What are micro-organisms that are much smaller than bacteria called? (Page 9-7)

**Viruses**

195. What are single-celled animals that do not have a rigid cell wall called? (Page 9-7)

**Protozoa**

196. What is one of the most important procedures in preventing the transfer of micro-organisms from one person to another? (Page 9-8)

**Hand washing**

197. What is an effective antiseptic for reducing transient and resident microbial hand flora, and has a sustained antimicrobial effect? (Page 9-9)

**Chlorhexidine gluconate**

198. What are water soluble complexes of iodine with organic compounds that are effective against all gram-positive and gram-negative bacteria and viruses? (Page 9-9)

**Iodophors**

199. Waterless hand washing agents contain 70 percent isopropyl alcohol and virtually disinfect the skin in how many seconds? (Page 9-9)

**20**

200. Washing increases the protective nature of gloves up to what percent? (Page 9-10)

**60**

201. What are the highest quality, most expensive, and best fitting gloves? (Page 9-10)

**Sterile Surgical**

202. What type of gloves offer the highest quality and best fit at a greatly reduced cost when sterile surgical gloves are not required? (Page 9-10)

**Procedural**

203. What type of gloves are the least expensive type of non-sterile gloves that are commonly used in routine procedures? (Page 9-10)

**Latex examination**

204. What is a stiff, thin, woven mask used for simple procedures for protection from splashing and aerosols? (Page 9-11)

**Cone Mask**

205. What is a lightweight, nose-and-mouth respirator that can provide some level of protection for the wearer from viruses and small particles? (Page 9-11)

**N95 Respirator**

206. What are the second tier of infection prevention precautions? (Page 9-12)

**Transmission-based**

207. What precautions are used for patients infected with microorganisms spread by coughing, sneezing, or talking such as influenza virus, adenovirus and rhinovirus? (Page 9-12)

**Droplet**

208. All active duty healthcare personnel will be tested for HIV every two years and tuberculosis testing and/or screening on what basis? (Page 9-13)

**Annual**

209. What describes those practices used to prevent the transfer of pathogenic organisms from person to person, place to place, or person to place? (Page 9-13)

**Medical asepsis**

210. For DTRs, at the beginning of the day flush each of the unit water lines and hoses for at least 1 minute, even if their use is not anticipated and flush for at least how many seconds between patients? (Page 9-15)

**30**

211. Potable water supplies may contain up to 100 bacterial colony forming units per millimeter (cfu /ml), and water in dental units, at times, can contain in excess of how many cfu/ml? (Page 9-15)

**1,000,000**

212. Up to what percent will three 10-second rinses with mouthwash temporarily reduce a patient's microbial count by? (Page 9-15)

**97**

213. What is a liquid or solid waste containing pathogens in sufficient numbers and of sufficient virulence to cause infectious disease in susceptible hosts exposed to the waste? (Page 9-19)

**Infectious waste**

214. What should used disposable sharps, such as needles, scalpel blades, capsules, disposable syringes, used burs, and broken instruments be treated as? (Page 9-20)

**Regulated waste**

215. If the HM is in an area where infectious waste cannot be treated on-site, do not store without refrigeration for more than how many days? (Page 9-21)

**7**

216. Remove any blood or fluid spills with an absorbent material and disinfect the area with a solution of household bleach diluted to what amount with clear water or an EPA approved disinfectant? (Page 9-23)

**1:10**

217. What is the term that describes the sterilization, storage, and handling of articles to keep them free of pathogenic organisms? (Page 9-24)

**Surgical aseptic technique**

218. The use of what in the operating room is the LEAST DESIRABLE method of cleaning? (Page 9-24)

**Mops**

219. What reduces resident and transient skin flora (bacteria) to a minimum? (Page 9-26)

**Surgical hand scrub**



## OCCUPATIONAL SAFETY & HEALTH

(145 Questions)

1. Which instruction establishes the basic responsibilities and procedures for Bureau of Medicine and Surgery (BUMED) Headquarters (HQ) Occupational Health and Safety (OHS) Programs? (Page 1)  
**BUMEDINST 5100.14A**
2. Who is responsible for establishing the policy that governs the BUMED HQ OHS Program? (Page 2)  
**Chief of Staff (COS)**
3. Who is responsible for planning, directing, and administering the BUMED HQ OHS Program? (Page 2)  
**Safety Officer**
4. Which system must be used to record safety actions? (Page 4)  
**ESAMS**
5. What is responsible for organizing and conducting safety inspections and document and initiating corrective action on deficiencies? (Page 4)  
**BUMED HQ OHS Office**
6. How many hours of traffic safety training are required within 12 months of entering the Naval service for all personnel under the age of 26? (Page 5)  
**4**
7. How many hours of annual refresher traffic safety training is required for all military personnel under the age of 26? (Page 5)  
**2**
8. All military and DoD civilian personnel who operate a Government Motor Vehicle (GMV) more than how many hours per week as part of their incidental duties must attend an OPNAV N09F/COMNAVSAFCEC approved 8 hour course of driver improvement instruction? (Page 5)  
**8**
9. How often at a minimum must supervisors ensure that inspections are made of their areas of responsibility, including conditions, and operations over which the supervisor has cognizance? (Page 6)  
**Daily**
10. What will be used to document formal inspection reports? (Page 6)  
**Enterprise Safety Application Management System (ESAMS)**
11. How often at a minimum must the safety officer arrange formal inspections and surveys of all BUMED HQ and supporting detachments? (Page 6)  
**Annually**
12. How many working days do supervisors have to advise, in writing, the safety officer of what action has been taken after reports of hazards or unsafe activity from personnel? (Page 7)  
**5**
13. Which reference contains information concerning mishap investigation and reporting in connection with occupational injuries, illnesses, and fatalities? (Page 9)  
**DoD Instruction 6055.01**
14. Who is responsible for ensuring that all mishaps are properly investigated and for reviewing all investigation reports? (Page 9)  
**Safety Officer**
15. A report must be submitted by the safety officer when an injury sustained by a civilian resulted in a disability causing the employee to miss work for full shifts, or prevents a military person from performing regularly established duty or work for a period of how many or more hours subsequent to 2400 on the day of the injury or onset of illness? (Page 9)  
**120**
16. Where should incidents involving government motor vehicle mishaps be reported? (Page 10)  
**Enterprise Safety Application Management System (ESAMS)**
17. Material and property damage reports must be submitted through ESAMS by the safety officer for damages, including incidental damage to structures, machinery, equipment and for material which exceeds what amount for replacement or repairs? (Page 10)  
**\$10,000**

18. Which workplace program has been established by BUMED HQ because of the increasing number of health disorders associated with biomechanical stress? (Page 11)

**Ergonomics Program**

19. A private motor vehicle mishap must be submitted when there is at least what amount of damage to DoD property? (Page 10)

**\$2,000**

20. Workstations should be easily adjustable to accommodate approximately what percentage of the people who perform on a specific job? (Page 11)

**90%**

21. Who has overall control over the ergonomics program? (Page 12)

**Safety Officer**

22. How often at a minimum must the safety officer conduct an analysis of injury and illness experiences and identifications of ergonomic hazards? (Page 12)

**Annually**

23. What is the standard data management system to record and monitor and measure safety programs and shall be the safety throughout BUMED HQ and detachments? (Page 12)

**Enterprise Safety Application Management System (ESAMS)**

24. BUMED HQ is required to form a Safety Council per which reference? (Page 13)

**CNICINST 5100.3A**

25. How often is the Safety Council required to meet? (Page 13)

**Quarterly**

26. What is defined as any combination of air temperature, thermal radiation, humidity, airflow, workload, and health conditions which may stress the body as it attempts to regulate body temperature? (Page B2-1)

**Heat Stress**

27. Which type of surveys must be conducted by ships to obtain accurate and reliable data on heat stress conditions? (Page B2-1)

**Heat stress**

28. Physical exertion level along with what else are used to determine how long an individual may be exposed safely to heat stress conditions? (Page B2-2)

**WBGT index**

29. How many or more weeks are usually required for heat acclimatization? (Page B2-2)

**3**

30. How often must Commanding Officers review and initial heat stress surveys that result in reduced stay times? (Page B2-3)

**Daily**

31. How many portable, calibrated, and operable WBGT meters must be available onboard for ships that don't have an Automated Heat Stress System (AHSS) installed? (Page B2-3)

**2**

32. Who is responsible for reviewing all engineering and non-engineering heat stress surveys to determine obvious inaccuracies, reduced PHEL stay times, and any personnel protective actions being taken? (Page B2-3)

**MDR**

33. Which formula is used to validate the WBGT index? (Page B2-6)

**$WBGT = (0.1 \times DB) + (0.7 \times WB) + (0.2 \times GT)$**

34. Dry bulb thermometers must be hung at least how many feet from any supply ventilation terminal/opening? (Page B2-7)

**2**

35. Personnel must monitor compartments every four hours for manned spaces at or below which Dry Bulb temperatures? (Page B2-8)

**85°F**

36. What is the operating range for the RSS-220 and Vista Model 960 WBGT meters? (Page B2-9)

**65-150°F**

37. How long must the Medical Department Representative retain heat stress surveys? (Page B2-12)

**1 year**

38. What is the operating range for the AHSS? (Page B2-9)

**32-150°F**

39. What is used in especially hot environments where reduced stay times have been imposed on watch/work standers? (Page B2-16)

**TWM WBGT**

40. What is the maximum amount of water that personnel should drink while working in a heat stress environment per hour? (Page B2-17)

**1.5 liters**

41. How many hours of continuous sleep per 24 hours is recommended for personnel working in a heat stress environment? (Page B2-17)

**6**

42. Which index provides a measure of environmental conditions? (Page B2-18)

**WBGT**

43. How many PHEL curves have been developed by the Navy? (Page B2-18)

**6**

44. Which PHEL curve will determine the stay time for personnel who are conducting heavy repairs or other strenuous work? (Page B2-20)

**VI**

45. Heat stress surveyors assigned to perform WBGT surveys shall be trained and qualified using the heat stress surveyor watchstation 303 of the safety programs afloat personnel qualifications standard (PQS), NAVEDTRA 43460-4B within how many weeks of assignment? (Page B2-22)

**12**

46. Which program was designed to prevent occupational hearing loss and assure auditory fitness for duty of all Navy personnel? (Page B4-1)

**HCP**

47. What is the fleet's number one occupational health hazard? (Page B4-1)

**Noise-induced hearing loss**

48. Who is responsible for maintaining a record of noise hazardous areas and equipment? (Page B4-1)

**Safety Officer**

49. Who is responsible for ensuring that a Hearing Conservation Program (HCP) is established and maintained within the command? (Page B4-1)

**Commanding Officer**

50. How often at a minimum must industrial hygiene officers certify the audiometric testing booths installed aboard ships? (Page B4-2)

**Annually**

51. Division officers must ensure that personnel who require hearing tests due to a significant threshold shift (STS) are excluded from hazardous noise areas for at least how many hours before the scheduled test? (Page B4-2)

**14**

52. How often is refresher training required for Hearing Conservation Program (HCP) enrolled personnel? (Page B4-3)

**Annually**

53. What is defined as hearing changes from baseline that average 10 dB or more at 2000, 3000, and 4000 Hertz (Hz) in one or both ears? (Page B4-4)

**STS**

54. What shall be used to label smaller, individual pieces of equipment or tools that produce hazardous noise? (Page B4-7)

**NAVMED 6260/2A**

55. What is the reference audiogram form number? (Page B4-9)

**DD Form 2215**

56. A combination of insert type and circumaural (muff) type hearing protective devices (double-protection) shall be worn in all areas where sound levels exceed how many dB (A)? (Page B4-8)

**104**

57. Who is responsible for evaluating areas, processes, and equipment for sight hazards? (Page B5-1)

**Safety officer**

58. How often must the safety officer evaluate the sight conservation program? (Page B5-2)

**Annually**

59. Safety eyewear must have permanent side shields that meet which test requirements for that specific frame? (Page B5-2)

**ANSI**

60. What is the eyewear prescription form number? (Page B5-5)

**DD 771**

61. What are the primary first aid for significant splashes of corrosives to the skin or body? (Page B5-5)

**Emergency deluge showers**

62. Emergency eyewash equipment must be capable of flushing the eyes with potable water at a minimum flow rate of how many gallons per minute for at least 15 continuous minutes? (Page B5-6)

**0.4**

63. Eyewash tepid flushing water above which temperature have proven harmful to the eyes and can enhance chemical interaction with the eyes and skin? (Page B5-7)

**100°F**

64. Emergency eyewash equipment must be on the same level, unobstructed and easily accessible within 100 feet or how many seconds travel from identified eye hazards? (Page B5-6)

**10**

65. Which system must be used to maintain all emergency eyewash and shower equipment? (Page B5-7)

**PMS**

66. How many inches at a maximum may emergency eyewash equipment be located? (Page B5-6)

**45"**

67. Which type of controls are the most effective methods of protecting personnel against dangerous air contaminants caused by many repair and maintenance operations? (Page B6-1)

**Engineering**

68. How many months do Respiratory Protection Managers (RPMs) have to attend the Respiratory Protection Program Course after they have assumed the position? (Page B6-1)

**3**

69. Air-purifying along with which other respirator type are the two basic types of respirators? (Page B6-5)

**Atmosphere-supplying**

70. How often at a minimum must the respiratory protection program be evaluated? (Page B6-3)

**Annually**

71. What percentage by volume of oxygen must be present when using air-purifying respirators? (Page B6-5)

**19.5%**

72. Which type of air-purifying respirators use cartridges, filters, and pre-filters designed to protect against inhalation of aerosols? (Page B6-5)

**Particulate**

73. Which series of filters can be used in oil aerosols and are the only magenta (purple) colored high efficiency filters? (Page B6-6)

**P-class**

74. Which filter series cannot be used in oil aerosols? (Page B6-6)

**N-class**

75. There are nine classifications of non-powered particulate air-purifying respirators certified under how many filter classes? (Page B6-6)

**3**

76. Which filter series can only be used for a single shift in oil aerosols? (Page B6-6)

**R-class**

77. What is the maximum length of hose allowed from a compressor or air fitting to the air line respirator? (Page B6-7)

**300'**

78. How many types can air-line respirators be subdivided into? (Page B6-8)

**3**

79. Which type of SCBA is the exhaled air expelled to the atmosphere and air is provided to the user from a compressed air cylinder? (Page B6-9)

**Open-circuit**

80. Which type of SCBA was developed for the Navy specifically for emergency escape from shipboard fires? (Page B6-9)

**EEBD**

81. Which special type of SCBA was developed for main propulsion space watchstanders only? (Page B6-9)

**SEED**

82. What is the sole respirator certification agency? (Page B6-9)

**NIOSH**

83. What is the workplace level of respiratory protection that would be provided by a properly functioning and properly used respirator or a class of respirators when all elements of an effective respiratory protection program are established and are being enforced? (Page B6-11)

**APF**

84. How often must the air output of compressors used by breathing air? (Page B6-21)

**Quarterly**

85. What determines the maximum level of protection that a class of respirators can provide against a contaminant? (Page B6-13)

**Maximum Use Concentration**

86. What is the primary protection system when respiratory protection is required for submarines at sea? (Page B6-24)

**EAB**

87. Ambient Air Breathing Apparatus (AABA) shall not be used for entry into which atmospheres? (Page B6-21)

**IDLH**

88. How often must department heads, division officers, leading petty officers, and the MDR be trained on the recognition of work requiring respirators, respiratory protection procedures, and the proper use of respirators? (Page B6-31)

**Annually**

89. How often at a minimum shall emergency use respirators be inspected? (Page B6-16)

**Monthly**

90. Which principles should always be used when dealing with electricity? (Page B7-1)

**ORM**

91. Who must authorize all work on energized equipment? (Page B7-1)

**Commanding Officer**

92. Who is responsible for ensuring that electrical/electronic indoctrination training is provided for all newly reporting personnel? (Page B7-1)

**Safety Officer**

93. Who is responsible for ensuring that all electrical tools/equipment received on board are authorized for shipboard use? (Page B7-1)

**Electrical Safety Officer**

94. What should equipment be checked with prior to maintenance to ensure that it is completely de-energized? (Page B7-3)

**Voltmeter**

95. What percent at a minimum of all electrical/electronics associated ratings must be certified in basic life support? (Page B7-6)

**50%**

96. How often must personnel assigned to issue portable electric tools perform safety testing of equipment? (Page B7-5)

**Quarterly**

97. How many weeks within being assigned must the newly appointed electrical safety officer complete watchstation 304 of the safety programs afloat PQS? (Page B7-6)

**16**

98. Who is responsible for the control of radiation and radioactivity associated with naval nuclear propulsion plants? (Page B9-1)

**Director, Naval Nuclear Propulsion Program**

99. How many categories is radiation commonly divided into? (Page B9-1)

**2**

100. Which type of radiation has sufficient energy to strip electrons from atoms in the media through which it passes? (Page B9-1)

**Ionizing**

101. Ionizing radiation can either be in the form of energetic particles or in which other form? (Page B9-1)

**EMR**

102. What may be required to possess and use some devices containing radioactive material? (Page B9-2)

**NRMP**

103. How many electron volts (eV) are necessary to liberate an electron from an atom? (Page B9-1)

**40**

104. What issues Naval Radioactive Material Permits (NRMPs) to Navy and Marine Corps commands? (Page B9-2)

**NRSC**

105. Which type of radiation is energy that propagates through space in the form of electromagnetic waves but possesses insufficient energy to ionize the material through which it passes? (Page B9-2)

**Non-ionizing**

106. How many cycles per second is one Hz equal to? (Page B9-3)

**1**

107. The occupational ionizing radiation control levels imposed by the Navy are typically how many times lower than Federal limits? (Page B9-4)

**10**

108. Who is responsible for establishing, implementing, and maintaining an effective laser safety program? (Page B9-7)

**LSSO**

109. What is the frequency range of Radio Frequency Radiation (RFR)? (Page B9-3)

**0 Hz-3000 GHz**

110. Dental fixed and portable x-ray units require radiation evaluations at how many month intervals? (Page B9-10)

**36**

111. How often are medical x-ray units ashore and on hospital ships evaluated for radiation? (Page B9-9)

**Annually**

112. Who is the lead agent for coordinating electromagnetic safety programs for naval ships? (Page B9-11)

**COMNAVSEASYSKOM**

113. Who is the lead agent for coordinating electromagnetic safety programs for shore facilities? (Page B9-11)

**COMSPAWARSYSKOM**

114. What must commands obtain approval from when they wish to dispose of lasers? (Page B9-15)

**BUMED**

115. What reviews military laser systems during their development to ensure that adequate safety criteria have been incorporated? (Page B9-15)

**LSRB**

116. Which class of laser pointers do not pose a hazard during normal viewing and their use is not restricted? (Page B9-16)

**Class II**

117. How often is re-testing required at the Laser System Safety Officers (LSSOs) highest certification level to maintain certification for all categories? (Page B9-17)

**Every 4 years**

118. Which shipboard report provides detailed posting and deck marking information for radar and communications RFR hazard areas? (Page B9-19)

**RADHAZ**

119. Who is responsible for labeling lasers and posting laser hazard areas? (Page B9-20)

**Laser Systems Safety Officers**

120. What is tasked with maintaining a permanent repository for RF exposure incidents? (Page B9-24)

**BUMED**

121. What establishes a "last line of defense" against exposure to workplace hazards, and in some cases, may be the only means of protection? (Page B12-1)

**PPE**

122. Who is responsible for ensuring that there is adequate funding for obtaining or replacing missing or worn out Personal Protective Equipment? (Page B12-1)

**Commanding Officer**

123. Who is responsible for ensuring that the use of Personal Protective Equipment (PPE) is monitored for required work or in required spaces, as well as being worn in a proper and effective manner? (Page B12-1)

**Safety Officer**

124. Which type of hard hats are not authorized for shipboard use? (Page B12-2)

**Metal**

125. Which type of shoes are required for all personnel aboard ship for normal daily wear? (Page B12-3)

**Leather**

126. Which type of lanyard should be used when doing hot work while working aloft or over the side? (Page B12-5)

**Wire rope**

127. Which type of life preservers should not be worn by personnel performing hot work or other actions that may cause damage to the bladder? (Page B12-6)

**MK-1**

128. What should be used to determine the safety requirements for unique evolutions and operations? (Page C1-1)

**ORM**

129. Passage ways less than how many inches in height must be padded or protected to prevent head injury if struck? (Page C1-2)

**75"**

130. New crew members must be given training on egress, Self Contained Breathing Apparatus (SCBA) and EEED training within how many hours of reporting onboard? (Page C1-6)

**72**

131. Who must grant permission for any personnel to open or enter a tank, void, manhole or other space that is suspected or confirmed of containing hazardous vapors? (Page C1-3)

**Gas free engineer**

132. How often must crew members be given refresher training on egress, Self Contained Breathing Apparatus (SCBA) and EEED? (Page C1-6)

**Semi-Annually**

133. What is the basic color for identifying dangerous equipment or situations? (Page C1-6)

**Red**

134. What is the basic color for denoting caution? (Page C1-7)

**Yellow**

135. Which colors are used for caution signs used to indicate a hazardous situation, which may result in minor or moderate injury? (Page C1-7)

**Yellow and Black**

136. What is the color of general safety information and instructional signs? (Page C1-7)

**Green**

137. Which color is used to paint overhead obstructions which are less than 72" in height, monorails, and turntables? (Page C1-7)

**Yellow**

138. What should be assigned during any deck or seamanship evolution that could injure personnel or damage equipment? (Page D1-1)

**Safety observer**

139. Passageways less than how many inches in height should be padded? (Page D1-2)

**75"**

140. Who must grant permission before entering a tank, void, or manhole? (Page D1-3)

**Gas Free Engineer**

141. What are the colors of caution signs that are used to indicate a hazardous situation, which may result in minor or moderate injury? (Page D1-7)

**Yellow and black**

142. Which color is used to denote caution? (Page D1-6)

**Yellow**

143. Which color is used for identifying dangerous equipment or situations? (Page D1-6)

**Red**

144. Which color is used for general safety information and instruction signs? (Page D1-7)

**Green**

145. Operator areas are marked by painting the entire operator area as a solid block of which color? (Page D1-7)

**Yellow**

## MERITORIOUS ADVANCEMENT PROGRAM

NAVADMIN 031/19

UNCLASSIFIED//  
ROUTINE  
R 081549Z FEB 19  
FM CNO WASHINGTON DC  
TO NAVADMIN  
INFO CNO WASHINGTON DC  
BT  
UNCLAS

NAVADMIN 031/19

PASS TO OFFICE CODES:  
FM CNO WASHINGTON DC//N1//  
INFO CNO WASHINGTON DC//N1//  
MSGID/GENADMIN/CNO WASHINGTON DC/N1/FEB//

SUBJ/2019 MERITORIOUS ADVANCEMENT PROGRAM//

REF/A/MSG/CNO WASHINGTON DC/021737ZMAY18//  
REF/B/DOC/BUPERS/19FEB18//  
NARR/REF A IS NAVADMIN 109/18, FY18 MERITORIOUS ADVANCEMENT PROGRAM.  
REF B IS BUPERSINST 1430.16G, ADVANCEMENT MANUAL FOR ENLISTED PERSONNEL OF  
THE U.S. NAVY AND U.S. NAVY RESERVE.//

RMKS/1. This NAVADMIN updates reference (a) and announces new policy and guidance for the calendar year (CY) 2019 Meritorious Advancement Program (MAP) for active, full-time support and Canvasser Recruiter Sailors.

2. In support of Sailor 2025, the MAP is intended to empower commanding officers (CO) and their command triads to identify and advance the most talented, experienced and proficient Sailors within their commands based on first-hand demonstrated performance and ability.
3. Given the continued success of MAP through fiscal year (FY) 2018, we will take a substantial step forward in CY19 to expand the ability of the command triad to directly reward more top performing talent. The updated MAP changes were made in partnership with Navy leadership and the MAP strategic working group, comprised of senior enlisted leaders across the Fleet. The strategic working group applied the lessons learned from FY18 and Sailor feedback to ensure command triads have as much latitude and flexibility as possible.
4. New changes for the CY19 MAP include:
  - a. Aligning MAP seasons with the Navy-wide advancement exam (NWAE) cycles. We are moving to a two-season framework in which the MAP seasons overlap the NWAE and make clear the intent of MAP to select and reward the right Sailors with MAP quotas. This change will require command triads to select their most-qualified Sailors for MAP, without regard to the NWAE results, and does not relieve Sailors from the need to prepare and study for the technical rating information tested by the NWAE. MAP season one will begin 1 March 2019 and end 30 April 2019. MAP season two will begin 1 September 2019 and end 31 October 2019.
  - b. Increasing MAP Quotas. MAP will account for approximately



20 percent of all E-4 through E-6 advancements during CY19, with roughly 10 percent of quotas allocated in season one. With the increased focus on recognition of the highest performing Sailors, commands are encouraged to exercise their best judgment and return quotas as appropriate. These quotas should not be given away. No command should feel compelled to utilize all their quotas and no Sailor should be advanced before the command feels they have the expertise, experience, maturity, leadership and judgement required at the next higher paygrade. Returned quotas will not impact allocation of the future year quotas for the command. MAP quota execution will be assessed at the conclusion of season one to determine the best way to proceed with season two.

c. Eliminating the Redistribution Season. Approximately 95 percent of all quotas were allocated within the regular MAP season. Therefore, redistribution of the small number of unused quotas created an administrative burden for commands. As such, unused MAP quotas will not be redistributed to budget submitting offices (BSO) following the regular MAP seasons. All unused season one quotas will be returned to Enlisted Force Shaping Plans and Policies Branch (OPNAV N132) no later than (NLT) 1 May 2019. Returned quotas will then be factored into the 2019 Spring Cycle 243 NWAEE.

d. The initiatives outlined in reference (a) from the FY18 MAP season including submission of multiple meritorious certification letters (MCL), using E-4 quotas to advance any E-1 through E-3 Sailor to the next higher paygrade on a one-for-one basis, meritoriously advancing Sailors who are in frocked status and maintaining a controlled rating process will continue in CY19 MAP season one.

5. Community Health. The enlisted community managers are laser- focused on community health and are watching to ensure we do not take inadvertent risk in rating inventory or requisite experience.

Additionally, MAP has controls in place to ensure we maintain a balanced and healthy advancement opportunity by rating.

Specifically, ratings assessed to have the potential to be in an \*overmanned\* status will be placed on a \*controlled rating list.\*

a. A request for a controlled rate quota must be submitted from the CO, via the chain of command, to their BSO/echelon II command NLT 25 February 2019. Adjudication and notification of the controlled rate request will occur NLT 25 March 2019.

b. The following rates, by component, are controlled for CY19 MAP season one (i.e., BSO/echelon II command approval required to be MAP advanced into the rates listed):

(1) Active component: AWO1, CTI1, RP1, SH1, YNS1, AWF2 and AWW2.

(2) Full-time support: AME1, AS1, AT1, AZ1, CS1, ET1, IT1, NCR1, AS2, EM2 and CS2.

6. MAP Quotas. MAP quotas are allocated to both individual commands and BSO/echelon II commands.

a. Command MAP quotas are calculated based on the eligible E-3 through E-5 billets authorized (BA) at the command level, to include any subordinate unit identification codes (UIC). At a minimum, a command with at least 12 E-3 through E-5 BA will receive one MAP quota at the paygrade with the most billets (e.g., a command with 4 E-3 billets and 8 E-4 billets will receive 1 E-5 quota). All Sailors assigned to subordinate UICs are eligible for MAP quotas assigned to the parent command.

b. The BA associated with commands that do not generate MAP quotas are aggregated and then allocated to the BSO/echelon II command for distribution

to any commands within that BSO/echelon II command, including their headquarters command.

c. All commands are authorized to request quotas from their BSO/echelon II command, via their immediate superior in command (ISIC) and type commander (TYCOM), whether or not command quotas are authorized. BSO/echelon II commands and TYCOMs may issue specific guidance on due dates or how subordinate commands must request a quota. Each BSO/echelon II command is the approval authority for exceptions to policy (ETP) for their subordinate commands.

d. The number of MAP quotas by UIC will be posted on 15 February 2019 and can be found on MyNavy Portal at <https://www.mnp.navy.mil/group/advancement-and-promotion/a-enlisted-advancement-resources-and-links>, then select the \*Websites\* tab in the blue banner.

7. MAP Eligibility. MAP is open to all active, full-time support and Canvasser Recruiter Sailors who meet advancement eligibility requirements.

a. The effective date of advancement is based on the date of the MAP MCL but no earlier than 1 March 2019. The time-in-rate (TIR) for E-4 through E-6 MAP Sailors will be 1 January 2019. The TIR for E-2 and E-3 Sailors advanced between the 1st and the 16th of the month will be the 1st day of the month in which advanced. The TIR for E-2 and E-3 Sailors advanced between the 17th and end of the month will be the 1st day of the following month. Commands are encouraged to begin their MAP selection process and submit their MCL as early as possible to ensure Sailors are advanced and paid expeditiously.

b. Sailors can only be meritoriously advanced one paygrade. Sailors can only be meritoriously advanced once during CY19 MAP seasons (i.e., a Sailor meritoriously advanced in season one cannot be meritoriously advanced in season two). Sailors in a frocked status are not eligible for advancement to the next higher paygrade until effectively advanced (i.e., a frocked E-5 cannot be meritoriously advanced to E-6). However, COs are authorized and encouraged to MAP frocked Sailors who were selected for advancement from the Fall 2018 Cycle 240 NWAE provided they have not reached their effective pay date (i.e., a frocked E-5 can be meritoriously advanced to E-5. Refer to the profile sheet of the member for effective pay date). Sailors must have the following TIR in paygrades E-1 through E-5 for MAP advancement eligibility:

- (1) E-6: 1 January 2018
- (2) E-6 (Nuclear-Trained Sailors): 1 January 2017
- (3) E-5 and below: No TIR requirement

c. COs may select an E-6 MAP candidate with no TIR through BSO/echelon II command endorsement. The command must attach the approved BSO/echelon II command endorsement letter with the MCL.

d. Sailors must be permanently assigned to the MAP authorized command or performing temporary additional duty for greater than 30 days during CY19 MAP season one. Commands must receive notification from Enlisted Career Administration/Enlisted Boards (PERS-8031) that their MCL has been validated, in line with subparagraph 7a, prior to the detachment date of the member. Projected rotation date change requests are recommended if a Sailor will transfer prior to receiving validation.

e. Professional Apprenticeship Career Track (PACT) Sailors remain eligible for MAP advancement, provided the Sailor has an approved quota for rating designation (i.e., approved quota in Career Waypoints) via the NWAE or rating entry designation. MAP advancement is not authorized for PACT Sailors

with designation approval for A-school required ratings.

f. Director, Military Personnel Plans and Policy (OPNAV N13) is the determining authority for MAP eligibility ETPs. Any MAP eligibility ETP request will be submitted to OPNAV N13 via the chain of command and copy to PERS-8031. ETPs for nuclear trained Sailors will be routed to OPNAV N13 via Nuclear Program Manager (OPNAV N133).

8. MAP Validation. Commands will forward their completed MCL (copy to ISIC and TYCOM) to PERS-8031 listing the Sailor(s) who have been selected for meritorious advancement.

a. PERS-8031 will review the record(s) of the selected Sailor(s) and validate the MCL. If there are no discrepancies, PERS-8031 will inform the command that their MAP selectee(s) are valid. Commands are not authorized to notify Sailor(s) of MAP selection until receipt of the PERS-8031 validation of the MCL.

b. If discrepancies are discovered, PERS-8031 will invalidate the MCL and notify the command (copy to ISIC and TYCOM) of the reason(s) for invalidation. Commands may correct discrepancies and resubmit or identify new MAP candidates.

c. If the social security number of the member is included on the MCL, then an encrypted e-mail is required for submission of the MCL (signed and scanned attachment) to PERS-8031 at [advancements-active@navy.mil](mailto:advancements-active@navy.mil). The email subject line must include the MAP UIC. Do not mail in the MCL if it has already been e-mailed. An e-mail response validating the MCL will be received within five business days of submission.

d. If operational commitments preclude a command from submitting their MCL prior to the deadline, the command must forward the MCL with justification to their ISIC/chain of command for endorsement and further processing through PERS-8031.

9. Quota Substitution. Commands are not authorized to substitute paygrades for E-5 and E-6 MAP quotas (e.g., utilize an E-6 MAP quota to advance an E-3 Sailor to E-4 or vice versa). MAP quotas are formulated based upon specific authorized billets. Substitution of quotas may cause over-execution of advancements at certain paygrades. The only allowance of quota substitution is E-4 MAP quotas may be used to advance Sailors to E-2 and E-3 paygrades. Commands should note that use of E-4 quotas for paygrade E-2 and E-3 advancements will not result in a higher number of available quotas (i.e., one E-4 quota may be used for one E-2 advancement or one E-3 advancement).

10. Subordinate UICs. COs are authorized to utilize MAP quotas at their subordinate UICs. MAP quotas are distributed by command UICs and must be used to advance a Sailor permanently assigned, or temporary additional duty for greater than 30 days, to that UIC or subordinate UIC.

11. Navy Recruiting Districts (NRD) are authorized to use one active component/full-time support MAP quota per NRD for reserve Sailors filling Canvasser Recruiter billets. Additionally, Navy Recruiting Command established the Recruiter of the Quarter (ROQ) MAP which authorizes utilization of 12 MAP quotas throughout the year in conjunction with the ROQ program. ROQ MAP eligibility requirements differ from all other Sailor of the Quarter or advancement programs.

12. MAP Website. Example forms and frequently asked questions can be downloaded via MyNavy Portal at <https://www.mnp.navy.mil/group/advancement-and-promotion/a-enlisted->

Test your knowledge online at [NavyBMR.com](http://NavyBMR.com)

advancement-resources-and-links, then select the \*Websites\* tab in the blue banner. The list of points of contact for each BSO/echelon II command and list of parent and subordinate UICs can also be found on this website.

13. Point of contact is MyNavy Career Center (MNCC) at (833) 330-6622 or via email at askmncc(at)navy.mil

14. This NAVADMIN will remain in effect until superseded or canceled, whichever comes first.

15. Released by Vice Admiral R. P. Burke, N1.//

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Test your knowledge online at [NavyBMR.com](http://NavyBMR.com)

## NAVYBMR.COM MAP SUGGESTED READING LIST

1. How to Win Friends and Influence People by Dale Carnegie.

<https://www.amazon.com/How-Win-Friends-Influence-People-ebook/dp/B003WEAI4E>

You can go after the job you want—and get it!  
You can take the job you have—and improve it!  
You can take any situation—and make it work for you!

2. Baking for Dummies by Emily Nolan

<https://www.amazon.com/Baking-Dummies-Emily-Nolan-ebook/dp/B004XCRDUG>

Ever walk past a bakery window and marvel at the assortment of cookies, tarts, pies, and cakes and wonder how they did it? Wonder no more. The secrets to creating them can now be yours. With *Baking For Dummies*, You'll discover how simple (and fun!) whipping up any sort of baked good from a chocolate layer cake, a classic apple pie to a plateful of scrumptious chocolate chip cookies or black-and-white brownies actually is.

3. Make a Difference: America's Guide to Volunteering and Community Service

<https://www.amazon.com/Make-Difference-Americas-Volunteering-Community-ebook/dp/B000W2ML44>

Whether you want to tutor a child or an adult, promote a cause you care about, or get hands-on experience at an organization's headquarters, *Make a Difference* will inspire you to get out there and make a difference in your community--and your life.

4. Office Politics: How to Thrive in a World of Lying, Backstabbing and Dirty Tricks

<https://www.amazon.com/Office-Politics-Thrive-Backstabbing-Tricks-ebook/dp/B009A9QZNS>

With the right mindset, you can distinguish and deal with toxic and overpromoted colleagues, charm your way through interviews and use office politics to your advantage.

5. Pivot: The Only Move That Matters Is Your Next One by Jenny Blake

<https://www.amazon.com/Pivot-Only-Move-That-Matters-ebook/dp/B00ZQH2UCS>

Jenny Blake has created a four-stage process that teaches anyone how to seamlessly and continually:

- Double-down on existing strengths, interests, and experiences
- Find new opportunities and identify skills to develop without falling prey to analysis-paralysis and compare-and-despair
- Run small experiments to determine next steps
- Take smart risks to launch with confidence in a new direction

This book is for anyone searching for an answer to the question, "What's next?"