Emergency First Response®
Primary Care (CPR)
Participant Final Exam Answer Key

Name ____________________________________________ (Please Print)  Date __________________________

Directions: Upon making your answer choice, COMPLETELY fill in the space □ below the proper letter. If a mistake is made, erase your selection or place a dark X through your first answer.

1. □ True  □ False
2. □ False
3. □ True
4. □ False
5. □ True
6. □ False

7. □ True  □ False
8. □ True
9. □ True
10. □ True
11. □ True
12. □ False

13. □ True  □ False
14. Phone Number: _____________________________

15. □ True  □ False
16. □ True  □ False
17. □ True  □ False
18. □ True  □ False

19. □ True  □ False
20. □ True  □ False
21. □ True  □ False
22. □ True  □ False
23. □ True  □ False

24. □ True  □ False
25. □ True  □ False
26. □ True  □ False
27. □ True  □ False
28. □ True  □ False
29. □ True  □ False

30. □ True  □ False
31. □ True  □ False
32. □ True  □ False
33. □ True  □ False

34. □ True  □ False
35. □ True  □ False

STUDENT STATEMENT: I have had explained to me and I understand the questions I missed.

Student Signature ____________________________________________  Date ________________________________
Emergency First Response®
Secondary Care (First Aid)
Participant Final Exam Answer Key

Name ________________________________________________________ (Please Print)
Class No. ______________________________________________________ Date ______________________

Directions: Upon making your answer choice, COMPLETELY fill in the space □ below the proper letter. If a mistake is made, erase your selection or place a dark X through your first answer.

A  B  C  D
1. □ □ □  X
2. X □ □ □
3. X □ X □
4. □ X □ □
5. □ X □ □
6. X □ □ □
7. □ □ X □
8. S = Signs and Symptoms
   A = Allergies
   M = Medication
   P = Preexisting Medical Conditions
   L = Last Meal
   E = Events
9. □ True  X False
10. □ X □ X

STUDENT STATEMENT: I have had explained to me and I understand the questions I missed.

Student Signature ______________________________________________
Date ______________________

Directions: Upon making your answer choice, COMPLETELY fill in the space □ below the proper letter. If a mistake is made, erase your selection or place a dark X through your first answer.