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

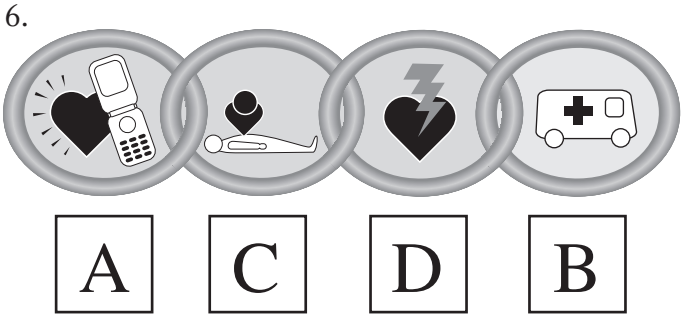
Name _____
(Please Print)

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.	☒ **True**		☐ **False**	
2.	☒	☐	☐	☐
3.	☐	☐	☐	☒
4.	☒	☐	☒	☒
5.	☐	☐	☐	☒

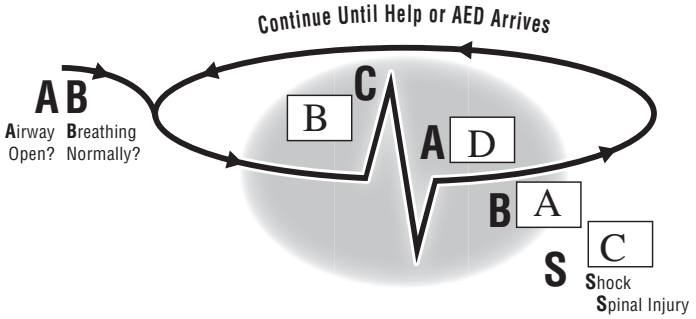
6.



7.	☐	☒	☐	☐
8.	☐ **True**		☒ **False**	
9.	☒	☐	☐	☐
10.	☒ **True**		☐ **False**	
11.	☒	☐	☐	☐

12.

Cycle of Care: AB-CABS™



13.	☒	☐	☐	☒
14.	Phone Number: ___(Answer varies)____			
15.	☒	☒	☒	☐
16.	☐	☐	☒	☐
17.	☒	☒	☒	☒
18.	☒	☐	☐	☐
19.	☐ **True**		☒ **False**	
20.	☐	☐	☐	☒
21.	☒	☒	☒	☒
22.	☒	☒	☒	☒
23.	☐	☐	☒	☐
24.	☒	☒	☒	☒
25.	☒	☒	☒	☒
26.	☒ **True**		☐ **False**	
27.	☐	☐	☒	☐
28.	☐	☒	☐	☐
29.	☐	☐	☒	☐
30.	☐	☐	☒	☐
31.	☒	☐	☐	☐
32.	☐	☒	☐	☐
33.	☐ **True**		☒ **False**	
34.	☐	☐	☐	☒
35.	☒	☐	☐	☐

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

Student Signature _____

Date _____

Product No. 71827 (09/11) Version 1.01

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.	☐	☐	☐	☒
2.	☒	☐	☐	☐
3.	☒	☐	☒	☐
4.	☐	☒	☐	☐
5.	☐	☒	☐	☐
6.	☒	☐	☐	☐
7.	☐	☐	☒	☐

8. S = Signs and Symptoms
   A = Allergies
   M = Medication
   P = Preexisting Medical Conditions
   L = Last Meal
   E = Events

9. ☐ **True** ☒ **False**

10. ☐ ☒ ☐ ☒

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

Student Signature _____

Date _____