EMBU Pre-Test #1

Name: _____________________________

Date: _____________

1. ___

2. ___

3. *
   a) _______________________________
   b) _______________________________
   c) _______________________________
   d) _______________________________

4. ___

5. (Circle the most sensitive)
   1) _______________________________
   2) _______________________________
   3) _______________________________
   4) _______________________________

6. ___

7. (order 1-5) _____________________________

8. _____________________________
   _____________________________
   _____________________________

9. ___

10. ___

11. ___

12. ___

13. *
   A) _______________________________
   B) _______________________________
   C) _______________________________

14. * (circle one): SIMPLE / COMPLEX

15. *

   View: ___________
   a) _______________________________
   b) _______________________________
   c) _______________________________
   d) _______________________________

16. ___

17. *

   Cardiac view: _________
   Diagnosis: _____________________________
   1) _______________________________
   2) _______________________________

* = video associated with question