

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**