

# HLTAID003 - 004 - 005 - 006 Workbook Answer Sheet

First Name	Surname	Gender M F	DOB	USI # (10 digits)	Course Date	Course Type
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Mobile		Venue		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>		<input type="text"/>	
Street Address	Suburb	State	Post code			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			

Please circle the correct answer. Use a biro. Clearly mark corrections with an "X" and circle your corrected answer. This completed answer sheet MUST be brought to the practical session before a statement of attainment can be issued.

## Section 1: General FA

1. A B C D
2. A B C D
3. A B C D
4. A B C D
5. A B C D
6. A B C D
7. A B C D
8. A B C D
9. A B C D
10. A B C D
11. A B C D

## Section 2: Essential FA, P1

12. A B C D
13. A B C D
14. A B C D
15. A B C D
16. A B C D

## Section 3: Essential FA, P2

17. A B C D
18. A B C D
19. A B C D
20. A B C D
21. A B C D
22. A B C D
23. A B C D
24. A B C D
25. A B C D

## Section 4: Essential FA, P3

26. A B C D
27. A B C D
28. A B C D
29. A B C D
30. A B C D

## Section 5: Essential FA, P4

31. A B C D
32. A B C D
33. A B C D
34. A B C D
35. A B C D

## Section 6: Trauma, Part 1

36. A B C D
37. A B C D
38. A B C D
39. A B C D
40. A B C D
41. A B C D
42. A B C D

## Section 7: Trauma, Part 2

43. A B C D
44. A B C D
45. A B C D
46. A B C D
47. A B C D

## Section 8: Trauma, Part 3

48. A B C D
49. A B C D
50. A B C D
51. A B C D
52. A B C D
53. A B C D
54. A B C D
55. A B C D

## Section 9: Trauma, Part 4

56. A B C D
57. A B C D
58. A B C D
59. A B C D
60. A B C D
61. A B C D
62. A B C D
63. A B C D
64. A B C D
65. A B C D

## Section 10: Trauma, Part 5

66. A B C D
67. A B C D
68. A B C D
69. A B C D
70. A B C D

## Section 11: Medical, P1

71. A B C D
72. A B C D
73. A B C D
74. A B C D

## Section 12: Medical, P2

75. A B C D
76. A B C D
77. A B C D
78. A B C D
79. A B C D
80. A B C D

## Section 13: Medical, P3

81. A B C D
82. A B C D
83. A B C D
84. A B C D
85. A B C D
86. A B C D
87. A B C D
88. A B C D
89. A B C D

## Section 14: Medical, P4

90. A B C D
91. A B C D
92. A B C D
93. A B C D
94. A B C D
95. A B C D

95

Passmark 100%

## Student Declaration:

I, the above named, declare and affirm that I have completed the Workbook Answer Sheet, and that the answers provided were my own and no one elses and that no part has been copied from another person or completed for me by another person.

Signature

Date

 /  / 

## Assessor Use Only

Assessor Name:

Code#:

Date: / /

Assessor Signature: