

Upstate University Health System Medication Exam Answer Sheet

Name: _____

Date: _____

ID Number: _____

Unit: _____

Tracker Code: MEDTESTA or MEDTESTB

Version (circle): A or B

Multiple Choice:

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.
- 11.
- 12.
- 13.
- 14.

Matching:

- | | |
|-----|-----|
| 15. | 20. |
| 16. | 21. |
| 17. | 22. |
| 18. | 23. |
| 19. | 24. |