

**WEST FLORIDA HOSPITAL
EDUCATION AND PROFESSIONAL DEVELOPMENT SERVICES
CLINICAL ANSWER SHEET**

Name: _____ Date Completed: _____

OMEN _____ AMEN _____

- | | | | |
|-----------|-----------|-----------|-----------|
| 1. _____ | 21. _____ | 41. _____ | 61. _____ |
| 2. _____ | 22. _____ | 42. _____ | 62. _____ |
| 3. _____ | 23. _____ | 43. _____ | 63. _____ |
| 4. _____ | 24. _____ | 44. _____ | 64. _____ |
| 5. _____ | 25. _____ | 45. _____ | 65. _____ |
| 6. _____ | 26. _____ | 46. _____ | 66. _____ |
| 7. _____ | 27. _____ | 47. _____ | 67. _____ |
| 8. _____ | 28. _____ | 48. _____ | 68. _____ |
| 9. _____ | 29. _____ | 49. _____ | 69. _____ |
| 10. _____ | 30. _____ | 50. _____ | 70. _____ |
| 11. _____ | 31. _____ | 51. _____ | 71. _____ |
| 12. _____ | 32. _____ | 52. _____ | 72. _____ |
| 13. _____ | 33. _____ | 53. _____ | 73. _____ |
| 14. _____ | 34. _____ | 54. _____ | 74. _____ |
| 15. _____ | 35. _____ | 55. _____ | 75. _____ |
| 16. _____ | 36. _____ | 56. _____ | |
| 17. _____ | 37. _____ | 57. _____ | |
| 18. _____ | 38. _____ | 58. _____ | |
| 19. _____ | 39. _____ | 59. _____ | |
| 20. _____ | 40. _____ | 60. _____ | |