



8X

## Medical Abbreviations Test

Name: ANA Mendoza Lirio Date: 2/17/25 Score: 84%

Direction: Place the letter of each definition in column B before the abbreviation it describes in column A.

| COLUMN A                        | COLUMN B                                 |
|---------------------------------|------------------------------------------|
| 1. <u>A</u> AKA <del>X</del>    | A. Multiple Sclerosis                    |
| 2. <u>B</u> BP B/P <del>X</del> | B. Nothing by mouth                      |
| 3. <u>C</u> C. diff             | C. Clostridium difficile                 |
| 4. <u>E</u> DON                 | <del>D.</del> Above the knee amputation  |
| 5. <u>AA</u> h, hr,             | E. Director of Nursing                   |
| 6. <u>G</u> ICU                 | F. Iron                                  |
| 7. <u>A</u> MS                  | G. Intensive care unit                   |
| 8. <u>B</u> NPO                 | H. Hypertension                          |
| 9. <u>I</u> SOB                 | I. Shortness of breath                   |
| 10. <u>A</u> AMT <del>X</del>   | J. Prescription, treatment               |
| 11. <u>C</u> CAD <del>X</del>   | K. Immediately, now                      |
| 12. <u>DD</u> DNR               | L. Chronic obstructive pulmonary disease |
| 13. <u>EE</u> ETOH              | M. Two times a day                       |
| 14. <u>H</u> HHA                | N. Active range of motion                |
| 15. <u>H</u> H/A                | O. As desired                            |
| 16. <u>Q</u> LTC                | <del>P.</del> Headache                   |
| 17. <u>KK</u> OCD               | Q. Long term care                        |
| 18. <u>BB</u> PROM              | <del>R.</del> Both eyes                  |
| 19. <u>F</u> Fe                 | S. Partial weight bearing                |
| 20. <u>FF</u> N/A               | T. Force fluid                           |
| 21. <u>LL</u> TKR               | U. Intake and output                     |
| 22. <u>V</u> THR                | V. Total hip replacement                 |
| 23. <u>L</u> COPD               | W. Nursing assistant                     |
| 24. <u>W</u> NA                 | X. Within normal limits                  |
| 25. <u>M</u> B.I.D              | Y. Fracture                              |



26. WW CHF  
27. N AROM  
28. UU ADLs  
29. X WNL  
30. O ad lb  
31. XX as tol  
32. YY UTI  
33. Z HOB  
34. Y Fx  
35. ZZ ROM  
36. + FF  
37. U I&O  
38. O O.U. X  
39. S STAT, stat X  
40. P PWB X  
41. + T.P.RX  
42. MM VS, vs  
43. SS AD  
44. S Rx  
45. U HTN  
46. NN PPE  
47. DD per os  
48. PP HS, hs  
49. RR RN  
50. TT LPN

Z. Head of bed  
AA. Hour  
BB. Passive range of motion  
CC. Diagnosis  
DD. Do not resuscitate  
EE. Alcohol  
FF. Not applicable  
GG. Blood pressure  
HH. Home health aide  
II. Amount  
JJ. Coronary Artery disease  
KK. Obsessive compulsive disorder  
LL. Total knee replacement  
MM. Vital signs  
NN. Personal protective equipment  
OO. By mouth  
PP. Hour of sleep  
QQ. Registered nurse  
RR. Temperature, pulse and respiration  
SS. Alzheimer's disease  
TT. Licensed practical nurse  
UU. Activities of daily living  
VV. Three times a day  
WW. Congestive heart failure  
XX. As tolerated  
YY. Urinary tract infection  
ZZ. Range of motion

| INSTRUCTOR USE ONLY |    |    |    |    |  |  |  |  |  |
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| 4                   | 3  | 2  | 1  | 0  |  |  |  |  |  |

**PART 1**  
1 to 50

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**MARKING INSTRUCTIONS**

USE NO. 2 PENCIL ONLY

FILL BOX COMPLETELY

CORRECT: ☐ A ☐ B ☐ C ☐ D

ERASE COMPLETELY TO CHANGE

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Name: ANA MENDOZA LIRIANO

Subject: CNA

Date: 1/23/25

Email: ANAMENDOZA1770622@qaqa.com

Test No.: \_\_\_\_\_

Period: \_\_\_\_\_

Cell / Text: \_\_\_\_\_

| TEST RECORD |  |
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| PART 1      |  |
| PART 2      |  |
| TOTAL       |  |

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| TEST RECORD |   |
|-------------|---|
| PART 1      | 1 |
| PART 2      |   |
| TOTAL       |   |

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FEED THIS DIRECTION

FEED THIS DIRECTION

13

48/61 =

79%

-29

18/47

38%

VS1107-2  
HKJH 19-12-2019

|     | (T)                                   | (F)                                   | KEY                        |                                       |                            |
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NAME

FEED THIS DIRECTION

VS1107-2  
HKJH 19-12-2019

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| 56  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 57  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 58  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 59  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 60  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 61  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 62  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 63  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 64  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 65  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 66  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 67  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 68  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 69  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 70  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 71  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 72  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 73  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 74  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 75  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 76  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 77  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 78  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 79  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 80  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 81  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 82  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 83  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 84  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 85  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 86  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 87  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 88  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 89  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 90  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 91  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 92  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 93  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 94  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 95  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 96  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 97  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 98  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 99  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 100 | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |

NAME

FEED THIS DIRECTION

# Grade Master

**AccuScan**  
GUARANTEED



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

MAKE DARK MARKS

ERASE COMPLETELY TO CHANGE

MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on Key sheet.

VERIFY: Prints correct response next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.

RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Anna Mendez

SUBJECT CH 3

DATE 2/13/25

PERIOD 3

Apperson  
REORDER #27800 1022 A1803 U.S. Patent No. 6,895,216 03/24  
www.apperson.com 800.827.9219

Score         

# Grade Master

**AccuScan**  
GUARANTEE



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**STUDENTS**

USE NO. 2 PENCIL ONLY

EXAMPLE: ☐ A ☒ B ☐ C ☐ D ☐ E

MAKE DARK MARKS

ERASE COMPLETELY TO CHANGE

MAKE NO STRAY MARKS

**INSTRUCTORS**

**KEY MARKING INSTRUCTIONS**

KEY: Must mark this box on Key sheet.

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RESCORE: Rescores a previously scored test. Automatically prints correct responses.

NAME Anna Mendez

SUBJECT CH 3

DATE 2/13/25

PERIOD 3

Apperson  
REORDER #27800 1022 A1803 U.S. Patent No. 6,895,216 03/24  
www.apperson.com 800.827.9219

Score         

|                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Key=K Verify=V Rescore=R

(T) (F)

1 ☐ A ☐ B ☐ C ☐ D ☐ E

2 ☐ A ☐ B ☐ C ☐ D ☐ E

3 ☐ A ☐ B ☐ C ☐ D ☐ E

4 ☐ A ☐ B ☐ C ☐ D ☐ E

5 ☐ A ☐ B ☐ C ☐ D ☐ E

6 ☐ A ☐ B ☐ C ☐ D ☐ E

7 ☐ A ☐ B ☐ C ☐ D ☐ E

8 ☐ A ☐ B ☐ C ☐ D ☐ E

9 ☐ A ☐ B ☐ C ☐ D ☐ E

10 ☐ A ☐ B ☐ C ☐ D ☐ E

11 ☐ A ☐ B ☐ C ☐ D ☐ E

12 ☐ A ☐ B ☐ C ☐ D ☐ E

13 ☐ A ☐ B ☐ C ☐ D ☐ E

14 ☐ A ☐ B ☐ C ☐ D ☐ E

15 ☐ A ☐ B ☐ C ☐ D ☐ E

16 ☐ A ☐ B ☐ C ☐ D ☐ E

17 ☐ A ☐ B ☐ C ☐ D ☐ E

18 ☐ A ☐ B ☐ C ☐ D ☐ E

19 ☐ A ☐ B ☐ C ☐ D ☐ E

20 ☐ A ☐ B ☐ C ☐ D ☐ E

21 ☐ A ☐ B ☐ C ☐ D ☐ E

22 ☐ A ☐ B ☐ C ☐ D ☐ E

23 ☐ A ☐ B ☐ C ☐ D ☐ E

24 ☐ A ☐ B ☐ C ☐ D ☐ E

25 ☐ A ☐ B ☐ C ☐ D ☐ E

26 ☐ A ☐ B ☐ C ☐ D ☐ E

27 ☐ A ☐ B ☐ C ☐ D ☐ E

28 ☐ A ☐ B ☐ C ☐ D ☐ E

29 ☐ A ☐ B ☐ C ☐ D ☐ E

30 ☐ A ☐ B ☐ C ☐ D ☐ E

31 ☐ A ☐ B ☐ C ☐ D ☐ E

32 ☐ A ☐ B ☐ C ☐ D ☐ E

33 ☐ A ☐ B ☐ C ☐ D ☐ E

34 ☐ A ☐ B ☐ C ☐ D ☐ E

35 ☐ A ☐ B ☐ C ☐ D ☐ E

36 ☐ A ☐ B ☐ C ☐ D ☐ E

37 ☐ A ☐ B ☐ C ☐ D ☐ E

38 ☐ A ☐ B ☐ C ☐ D ☐ E

39 ☐ A ☐ B ☐ C ☐ D ☐ E

40 ☐ A ☐ B ☐ C ☐ D ☐ E

41 ☐ A ☐ B ☐ C ☐ D ☐ E

42 ☐ A ☐ B ☐ C ☐ D ☐ E

43 ☐ A ☐ B ☐ C ☐ D ☐ E

44 ☐ A ☐ B ☐ C ☐ D ☐ E

45 ☐ A ☐ B ☐ C ☐ D ☐ E

46 ☐ A ☐ B ☐ C ☐ D ☐ E

47 ☐ A ☐ B ☐ C ☐ D ☐ E

48 ☐ A ☐ B ☐ C ☐ D ☐ E

49 ☐ A ☐ B ☐ C ☐ D ☐ E

50 ☐ A ☐ B ☐ C ☐ D ☐ E

|                          |                          |                          |                          |                          |                          |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Key=K Verify=V Rescore=R

(T) (F)

1 ☐ A ☐ B ☐ C ☐ D ☐ E

2 ☐ A ☐ B ☐ C ☐ D ☐ E

3 ☐ A ☐ B ☐ C ☐ D ☐ E

4 ☐ A ☐ B ☐ C ☐ D ☐ E

5 ☐ A ☐ B ☐ C ☐ D ☐ E

6 ☐ A ☐ B ☐ C ☐ D ☐ E

7 ☐ A ☐ B ☐ C ☐ D ☐ E

8 ☐ A ☐ B ☐ C ☐ D ☐ E

9 ☐ A ☐ B ☐ C ☐ D ☐ E

10 ☐ A ☐ B ☐ C ☐ D ☐ E

11 ☐ A ☐ B ☐ C ☐ D ☐ E

12 ☐ A ☐ B ☐ C ☐ D ☐ E

13 ☐ A ☐ B ☐ C ☐ D ☐ E

14 ☐ A ☐ B ☐ C ☐ D ☐ E

15 ☐ A ☐ B ☐ C ☐ D ☐ E

16 ☐ A ☐ B ☐ C ☐ D ☐ E

17 ☐ A ☐ B ☐ C ☐ D ☐ E

18 ☐ A ☐ B ☐ C ☐ D ☐ E

19 ☐ A ☐ B ☐ C ☐ D ☐ E

20 ☐ A ☐ B ☐ C ☐ D ☐ E

21 ☐ A ☐ B ☐ C ☐ D ☐ E

22 ☐ A ☐ B ☐ C ☐ D ☐ E

23 ☐ A ☐ B ☐ C ☐ D ☐ E

24 ☐ A ☐ B ☐ C ☐ D ☐ E

25 ☐ A ☐ B ☐ C ☐ D ☐ E

26 ☐ A ☐ B ☐ C ☐ D ☐ E

27 ☐ A ☐ B ☐ C ☐ D ☐ E

28 ☐ A ☐ B ☐ C ☐ D ☐ E

29 ☐ A ☐ B ☐ C ☐ D ☐ E

30 ☐ A ☐ B ☐ C ☐ D ☐ E

31 ☐ A ☐ B ☐ C ☐ D ☐ E

32 ☐ A ☐ B ☐ C ☐ D ☐ E

33 ☐ A ☐ B ☐ C ☐ D ☐ E

34 ☐ A ☐ B ☐ C ☐ D ☐ E

35 ☐ A ☐ B ☐ C ☐ D ☐ E

36 ☐ A ☐ B ☐ C ☐ D ☐ E

37 ☐ A ☐ B ☐ C ☐ D ☐ E

38 ☐ A ☐ B ☐ C ☐ D ☐ E

39 ☐ A ☐ B ☐ C ☐ D ☐ E

40 ☐ A ☐ B ☐ C ☐ D ☐ E

41 ☐ A ☐ B ☐ C ☐ D ☐ E

42 ☐ A ☐ B ☐ C ☐ D ☐ E

43 ☐ A ☐ B ☐ C ☐ D ☐ E

44 ☐ A ☐ B ☐ C ☐ D ☐ E

45 ☐ A ☐ B ☐ C ☐ D ☐ E

46 ☐ A ☐ B ☐ C ☐ D ☐ E

47 ☐ A ☐ B ☐ C ☐ D ☐ E

48 ☐ A ☐ B ☐ C ☐ D ☐ E

49 ☐ A ☐ B ☐ C ☐ D ☐ E

50 ☐ A ☐ B ☐ C ☐ D ☐ E

Key = K Verify = V Rescore = R

|     | (T) | (F) |   |   |   |
|-----|-----|-----|---|---|---|
| 51  | A   | B   | C | D | E |
| 52  | A   | B   | C | D | E |
| 53  | A   | B   | C | D | E |
| 54  | A   | B   | C | D | E |
| 55  | A   | B   | C | D | E |
| 56  | A   | B   | C | D | E |
| 57  | A   | B   | C | D | E |
| 58  | A   | B   | C | D | E |
| 59  | A   | B   | C | D | E |
| 60  | A   | B   | C | D | E |
| 61  | A   | B   | C | D | E |
| 62  | A   | B   | C | D | E |
| 63  | A   | B   | C | D | E |
| 64  | A   | B   | C | D | E |
| 65  | A   | B   | C | D | E |
| 66  | A   | B   | C | D | E |
| 67  | A   | B   | C | D | E |
| 68  | A   | B   | C | D | E |
| 69  | A   | B   | C | D | E |
| 70  | A   | B   | C | D | E |
| 71  | A   | B   | C | D | E |
| 72  | A   | B   | C | D | E |
| 73  | A   | B   | C | D | E |
| 74  | A   | B   | C | D | E |
| 75  | A   | B   | C | D | E |
| 76  | A   | B   | C | D | E |
| 77  | A   | B   | C | D | E |
| 78  | A   | B   | C | D | E |
| 79  | A   | B   | C | D | E |
| 80  | A   | B   | C | D | E |
| 81  | A   | B   | C | D | E |
| 82  | A   | B   | C | D | E |
| 83  | A   | B   | C | D | E |
| 84  | A   | B   | C | D | E |
| 85  | A   | B   | C | D | E |
| 86  | A   | B   | C | D | E |
| 87  | A   | B   | C | D | E |
| 88  | A   | B   | C | D | E |
| 89  | A   | B   | C | D | E |
| 90  | A   | B   | C | D | E |
| 91  | A   | B   | C | D | E |
| 92  | A   | B   | C | D | E |
| 93  | A   | B   | C | D | E |
| 94  | A   | B   | C | D | E |
| 95  | A   | B   | C | D | E |
| 96  | A   | B   | C | D | E |
| 97  | A   | B   | C | D | E |
| 98  | A   | B   | C | D | E |
| 99  | A   | B   | C | D | E |
| 100 | A   | B   | C | D | E |

Score  
Rescore

Key = K Verify = V Rescore = R

|     | (T) | (F) |   |   |   |
|-----|-----|-----|---|---|---|
| 51  | A   | B   | C | D | E |
| 52  | A   | B   | C | D | E |
| 53  | A   | B   | C | D | E |
| 54  | A   | B   | C | D | E |
| 55  | A   | B   | C | D | E |
| 56  | A   | B   | C | D | E |
| 57  | A   | B   | C | D | E |
| 58  | A   | B   | C | D | E |
| 59  | A   | B   | C | D | E |
| 60  | A   | B   | C | D | E |
| 61  | A   | B   | C | D | E |
| 62  | A   | B   | C | D | E |
| 63  | A   | B   | C | D | E |
| 64  | A   | B   | C | D | E |
| 65  | A   | B   | C | D | E |
| 66  | A   | B   | C | D | E |
| 67  | A   | B   | C | D | E |
| 68  | A   | B   | C | D | E |
| 69  | A   | B   | C | D | E |
| 70  | A   | B   | C | D | E |
| 71  | A   | B   | C | D | E |
| 72  | A   | B   | C | D | E |
| 73  | A   | B   | C | D | E |
| 74  | A   | B   | C | D | E |
| 75  | A   | B   | C | D | E |
| 76  | A   | B   | C | D | E |
| 77  | A   | B   | C | D | E |
| 78  | A   | B   | C | D | E |
| 79  | A   | B   | C | D | E |
| 80  | A   | B   | C | D | E |
| 81  | A   | B   | C | D | E |
| 82  | A   | B   | C | D | E |
| 83  | A   | B   | C | D | E |
| 84  | A   | B   | C | D | E |
| 85  | A   | B   | C | D | E |
| 86  | A   | B   | C | D | E |
| 87  | A   | B   | C | D | E |
| 88  | A   | B   | C | D | E |
| 89  | A   | B   | C | D | E |
| 90  | A   | B   | C | D | E |
| 91  | A   | B   | C | D | E |
| 92  | A   | B   | C | D | E |
| 93  | A   | B   | C | D | E |
| 94  | A   | B   | C | D | E |
| 95  | A   | B   | C | D | E |
| 96  | A   | B   | C | D | E |
| 97  | A   | B   | C | D | E |
| 98  | A   | B   | C | D | E |
| 99  | A   | B   | C | D | E |
| 100 | A   | B   | C | D | E |

Score  
Rescore



### EXAMPLE

| 4  | 3  | 7  | 9  | 0  | 1  |
|----|----|----|----|----|----|
| 00 | 00 | 00 | 00 | 00 | 00 |
| 01 | 01 | 01 | 01 | 01 | 01 |
| 02 | 02 | 02 | 02 | 02 | 02 |
| 03 | 03 | 03 | 03 | 03 | 03 |
| 04 | 04 | 04 | 04 | 04 | 04 |
| 05 | 05 | 05 | 05 | 05 | 05 |
| 06 | 06 | 06 | 06 | 06 | 06 |
| 07 | 07 | 07 | 07 | 07 | 07 |
| 08 | 08 | 08 | 08 | 08 | 08 |
| 09 | 09 | 09 | 09 | 09 | 09 |

- ERASE COMPLETELY TO CHANGE
- MAKE NO STRAY MARKS

## STUDENTS

## KEY MARKING INSTRUCTIONS

**KEY:** Must mark this box on Key sheet.  
**VERIFY:** Prints correct response next to incorrect answers. If Verfi is not marked, a dash will print next to incorrect answers.  
**REScore:** Rescores a previously scored test. Automatically prints correct responses.

NAME Anna Mendoza  
SUBJECT GN A # 5  
DATE 2/4/25 PERIOD 1  
Apperson  
REORDER # 27800 1022 A1803 U.S. Patent No. 6,695,216 03/24  
www.apperson.com 800.827.3219  
Score —

Score



### EXAMPLE

| 4  | 3  | 7  | 9  | 0  | 1  |
|----|----|----|----|----|----|
| 00 | 00 | 00 | 00 | 00 | 00 |
| 10 | 10 | 10 | 10 | 10 | 10 |
| 20 | 20 | 20 | 20 | 20 | 20 |
| 30 | 30 | 30 | 30 | 30 | 30 |
| 40 | 40 | 40 | 40 | 40 | 40 |
| 50 | 50 | 50 | 50 | 50 | 50 |
| 60 | 60 | 60 | 60 | 60 | 60 |
| 70 | 70 | 70 | 70 | 70 | 70 |
| 80 | 80 | 80 | 80 | 80 | 80 |
| 90 | 90 | 90 | 90 | 90 | 90 |

- ERASE COMPLETELY TO CHANGE
- MAKE NO STRAY MARKS

## STUDENTS

## KEY MARKING INSTRUCTIONS

**KEY:** Must mark this box on Key sheet.

**VERIFY:** Prints correct response next to the correct answer. If Verily is not marked, a dash will print next to incorrect answers.

**REScore:** Rescores a previously scored test. Automatically prints correct responses.

NAME And Mendoza Lirio  
 SUBJECT CNA #6  
 DATE 2/6/25 PERIOD \_\_\_\_\_  
 Apperson \_\_\_\_\_  
 RECORDED #27800 10/22 At 1803 U.S. Patent No. 6,696,216 03/24  
 www.apperson.com 800.887.9219 \_\_\_\_\_ Score \_\_\_\_\_

Score







CODE I.D. NUMBER AT  
LEFT BY FILLING IN  
THE APPROPRIATE  
BOXES.

### EXAMPLE

| 4 | 3 | 7 | 9 | 0 | 1 |
|---|---|---|---|---|---|
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |
|   |   |   |   |   |   |

**STUDENTS**

 USE NO. 2 PENCIL ONLY

- EXAMPLE: ~~CA~~ ~~CB~~ ~~CC~~ ~~CD~~ ~~CE~~
- MAKE ***DARK*** MARKS
- ERASE ***COMPLETELY*** TO CHANGE
- MAKE NO STRAY MARKS

# INSTRUCTORS

NAME AAAmendoza Liria  
SUBJECT CNA #9  
DATE 2/12/25 PERIOD \_\_\_\_\_  
Apperson \_\_\_\_\_  
REORDER # **27800** 10/22 A1803 U.S. Patent No. 6,695,216 03/24  
www.apperson.com 800.827.9219 \_\_\_\_\_ Score \_\_\_\_\_

Score



CODE I.D. NUMBER AT  
LEFT BY FILLING IN  
THE APPROPRIATE  
BOXES.

### EXAMPLE

| 4 | 3 | 7 | 9 | 0 | 1 |
|---|---|---|---|---|---|
| 0 | 0 | 0 | 0 | 0 | 0 |
| 1 | 1 | 1 | 1 | 1 | 1 |
| 2 | 2 | 2 | 2 | 2 | 2 |
| 3 | 3 | 3 | 3 | 3 | 3 |
| 4 | 4 | 4 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 | 5 |
| 6 | 6 | 6 | 6 | 6 | 6 |
| 7 | 7 | 7 | 7 | 7 | 7 |
| 8 | 8 | 8 | 8 | 8 | 8 |
| 9 | 9 | 9 | 9 | 9 | 9 |

## STUDENTS



- EXAMPLE:  $540 \times 100 = 54,000$
- MAKE **DARK** MARKS
- ERASE **COMPLETELY** TO CHANGE
- MAKE NO STRAY MARKS

# INSTRUCTORS

---

|                 |                                                                                                                    |
|-----------------|--------------------------------------------------------------------------------------------------------------------|
| <b>KEY:</b>     | Must mark this box on Key sheet.                                                                                   |
| <b>VERIFY:</b>  | Prints correct response, next to correct answer. If Verify is marked, a dash will print next to incorrect answers. |
| <b>REScore:</b> | Rescores a previously scored test. Automatically prints correct responses.                                         |

NAME ANA Mendoza Miriam  
SUBJECT CNA #10  
DATE 2/12/25 PERIOD \_\_\_\_\_  
Apperson \_\_\_\_\_  
RECORD # **#27800** 1022 A1803 U.S. Patent No. 6,695,216 03/24  
www.apperson.com 800.827.9219 \_\_\_\_\_ Score \_\_\_\_\_

Score



CODE I.D. NUMBER AT LEFT BY FILLING IN THE APPROPRIATE BOXES.

### EXAMPLE

| 4                        | 3                        | 7                        | 9                        | 0                        | 1                        |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### STUDENTS

- USE NO. 2 PENCIL ONLY
- EXAMPLE: ☐ A ☐ B ☐ C ☐ D ☐ E
- MAKE DARK MARKS
- ERASE COMPLETELY TO CHANGE
- MAKE NO STRAY MARKS

### INSTRUCTORS

- KEY MARKING INSTRUCTIONS**
- KEY:** Must mark this box on key sheet.
- VERIFY:** Prints correct response, next to incorrect answers. If Verify is not marked, a dash will print next to incorrect answers.
- RESCORE:** Rescores a previously scored test. Automatically prints correct responses.

NAME Ana Mendoza Liria

SUBJECT Math

DATE 02/17/25 PERIOD Final

Apperson

REORDER #27800 10/22 A1803 U.S. Patent No. 6,695,216 03/24

www.apperson.com 800.827.9219

### STUDENT ID

|                            |                            |                            |                            |                            |                            |
|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 | <input type="checkbox"/> 0 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 | <input type="checkbox"/> 7 |
| <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 | <input type="checkbox"/> 8 |
| <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 | <input type="checkbox"/> 9 |

Key = K Verify = V Rescore = R

| (T) | (F)                        |                            |                            |                            |                            |
|-----|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| 1   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 2   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 3   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 4   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 5   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 6   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 7   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 8   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 9   | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 10  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 11  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 12  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 13  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 14  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 15  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 16  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 17  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 18  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 19  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 20  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 21  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 22  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 23  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 24  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 25  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 26  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 27  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 28  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 29  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 30  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 32  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 36  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 37  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 38  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 39  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
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| 44  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 45  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 46  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 47  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 48  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 49  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |
| 50  | <input type="checkbox"/> A | <input type="checkbox"/> B | <input type="checkbox"/> C | <input type="checkbox"/> D | <input type="checkbox"/> E |

Score

Key = K Verify = V Rescore = R

|     | (T) | (F) |   |   |   |
|-----|-----|-----|---|---|---|
| 51  | A   |     | C | D | E |
| 52  | A   |     | C | D | E |
| 53  | A   | B   |   | D | E |
| 54  | A   | B   | C |   | E |
| 55  | A   | B   | C | D | E |
| 56  | A   |     | C | D | E |
| 57  | A   | B   |   | D | E |
| 58  |     | B   | C | D | E |
| 59  | A   |     | C | D | E |
| 60  | A   | B   |   | D | E |
| 61  | A   |     | C | D | E |
| 62  | A   | B   |   | D | E |
| 63  |     | B   | C | D | E |
| 64  |     | B   | C | D | E |
| 65  | A   | B   |   | D | E |
| 66  | A   | B   |   | D | E |
| 67  | A   | B   | C |   | E |
| 68  | A   |     | C | D | E |
| 69  | A   |     | C | D | E |
| 70  |     | B   | C | D | E |
| 71  | A   | B   | C |   | E |
| 72  | A   |     | C | D | E |
| 73  | A   |     | C | D | E |
| 74  | A   |     | C | D | E |
| 75  | A   |     | C | D | E |
| 76  | A   | B   | C |   | E |
| 77  | A   |     | C | D | E |
| 78  | A   |     | C | D | E |
| 79  | A   |     | C | D | E |
| 80  |     | B   | C | D | E |
| 81  | A   | B   |   | D | E |
| 82  |     | B   | C | D | E |
| 83  | A   |     | C | D | E |
| 84  | A   | B   |   | D | E |
| 85  | A   |     | C | D | E |
| 86  | A   |     | C | D | E |
| 87  | A   |     | C | D | E |
| 88  | A   |     | C | D | E |
| 89  | A   |     | C | D | E |
| 90  | A   | B   |   | D | E |
| 91  |     | B   | C | D | E |
| 92  |     | B   | C | D | E |
| 93  | A   | B   |   | D | E |
| 94  |     | B   |   | D | E |
| 95  | A   | B   | C |   | E |
| 96  |     | B   | C | D | E |
| 97  | A   | B   | C |   | E |
| 98  | A   | B   |   | D | E |
| 99  | A   | B   |   | D | E |
| 100 |     | B   | C | D | E |

11111

Score  
Rescore  
08/09/06 11111