

ETAPA 1 – Prova de conhecimentos em saúde coletiva e conhecimentos específicos

PROGRAMA DE RESIDÊNCIA MULTIPROFISSIONAL EM SAÚDE

FISIOTERAPIA

GABARITO PRELIMINAR

| | | | | | |
|----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 1 | A | B | C | D | <input checked="" type="checkbox"/> |
| 2 | A | <input checked="" type="checkbox"/> | C | D | E |
| 3 | A | B | <input checked="" type="checkbox"/> | D | E |
| 4 | <input checked="" type="checkbox"/> | B | C | D | E |
| 5 | A | B | C | D | <input checked="" type="checkbox"/> |
| 6 | A | B | C | <input checked="" type="checkbox"/> | E |
| 7 | <input checked="" type="checkbox"/> | B | C | D | E |
| 8 | A | <input checked="" type="checkbox"/> | C | D | E |
| 9 | A | <input checked="" type="checkbox"/> | C | D | E |
| 10 | <input checked="" type="checkbox"/> | B | C | D | E |
| 11 | A | B | C | D | <input checked="" type="checkbox"/> |
| 12 | A | B | C | <input checked="" type="checkbox"/> | E |
| 13 | A | B | C | D | <input checked="" type="checkbox"/> |
| 14 | <input checked="" type="checkbox"/> | B | C | D | E |
| 15 | A | <input checked="" type="checkbox"/> | C | D | E |
| 16 | <input checked="" type="checkbox"/> | B | C | D | E |
| 17 | A | B | <input checked="" type="checkbox"/> | D | E |
| 18 | <input checked="" type="checkbox"/> | B | C | D | E |
| 19 | <input checked="" type="checkbox"/> | B | C | D | E |
| 20 | <input checked="" type="checkbox"/> | B | C | D | E |
| 21 | A | B | <input checked="" type="checkbox"/> | D | E |
| 22 | A | B | C | <input checked="" type="checkbox"/> | E |
| 23 | <input checked="" type="checkbox"/> | B | C | D | E |
| 24 | A | B | C | D | <input checked="" type="checkbox"/> |
| 25 | A | B | C | <input checked="" type="checkbox"/> | E |

| | | | | | |
|----|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| 26 | A | <input checked="" type="checkbox"/> | C | D | E |
| 27 | <input checked="" type="checkbox"/> | B | C | D | E |
| 28 | A | B | C | <input checked="" type="checkbox"/> | E |
| 29 | A | B | C | <input checked="" type="checkbox"/> | E |
| 30 | A | B | C | D | <input checked="" type="checkbox"/> |
| 31 | A | B | C | <input checked="" type="checkbox"/> | E |
| 32 | <input checked="" type="checkbox"/> | B | C | D | E |
| 33 | <input checked="" type="checkbox"/> | B | C | D | E |
| 34 | A | <input checked="" type="checkbox"/> | C | D | E |
| 35 | A | <input checked="" type="checkbox"/> | C | D | E |
| 36 | A | B | C | <input checked="" type="checkbox"/> | E |
| 37 | A | B | C | D | <input checked="" type="checkbox"/> |
| 38 | A | B | <input checked="" type="checkbox"/> | D | E |
| 39 | A | B | C | D | <input checked="" type="checkbox"/> |
| 40 | ANULADA | | | | |
| 41 | A | B | C | <input checked="" type="checkbox"/> | E |
| 42 | A | B | C | D | <input checked="" type="checkbox"/> |
| 43 | <input checked="" type="checkbox"/> | B | C | D | E |
| 44 | <input checked="" type="checkbox"/> | B | C | D | E |
| 45 | A | <input checked="" type="checkbox"/> | C | D | E |
| 46 | A | B | <input checked="" type="checkbox"/> | D | E |
| 47 | A | <input checked="" type="checkbox"/> | C | D | E |
| 48 | <input checked="" type="checkbox"/> | B | C | D | E |
| 49 | <input checked="" type="checkbox"/> | B | C | D | E |
| 50 | A | B | C | <input checked="" type="checkbox"/> | E |