



NOME DO CANDIDATO

EM BRANCO - NÃO PREENCHER

ANO LETIVO

2020

INSCRIÇÃO

Exame de Suficiência para Prova de Título de Especialista em Geriatria

Nº DE INSCRIÇÃO

DATA

07/09/2020

ASSINATURA

ASSINE DENTRO DO ESPAÇO

INSTRUÇÕES

1. Confira seus dados impressos neste gabarito.
2. Utilize somente caneta esferográfica de tinta azul ou preta.
3. Forma correta de preenchimento: ●
4. Assinale apenas uma alternativa para cada questão.
5. Mais de uma marcação anulará a resposta.

NÃO AMASSE, NÃO DOBRE, NÃO RASURE E NÃO SUJE ESTA FOLHA

RESPOSTAS

01	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	26	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	51	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	76	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
02	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	27	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	52	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	77	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
03	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	28	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	53	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	78	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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