



PROCESSO SELETIVO:  
MÉDICO GINECOLOGISTA

DATA:

NOME:

CADERNO DE RESPOSTAS

QUESTÃO	A	B	C	D	E
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d  
a  
c  
a  
d  
a  
b  
b  
b  
a  
c  
d  
b  
a  
b  
c  
a  
c  
b  
c

QUESTÃO	A	B	C	D	E
21	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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d  
a  
d  
d  
c  
c  
d  
b  
c  
d  
a  
b  
c  
c  
e  
e  
a  
b  
d  
b

QUESTÃO	A	B	C	D	E
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b  
c  
c  
e  
c  
c  
a  
c  
e  
d  
c  
a  
b  
c  
b  
c  
c  
a  
b  
d