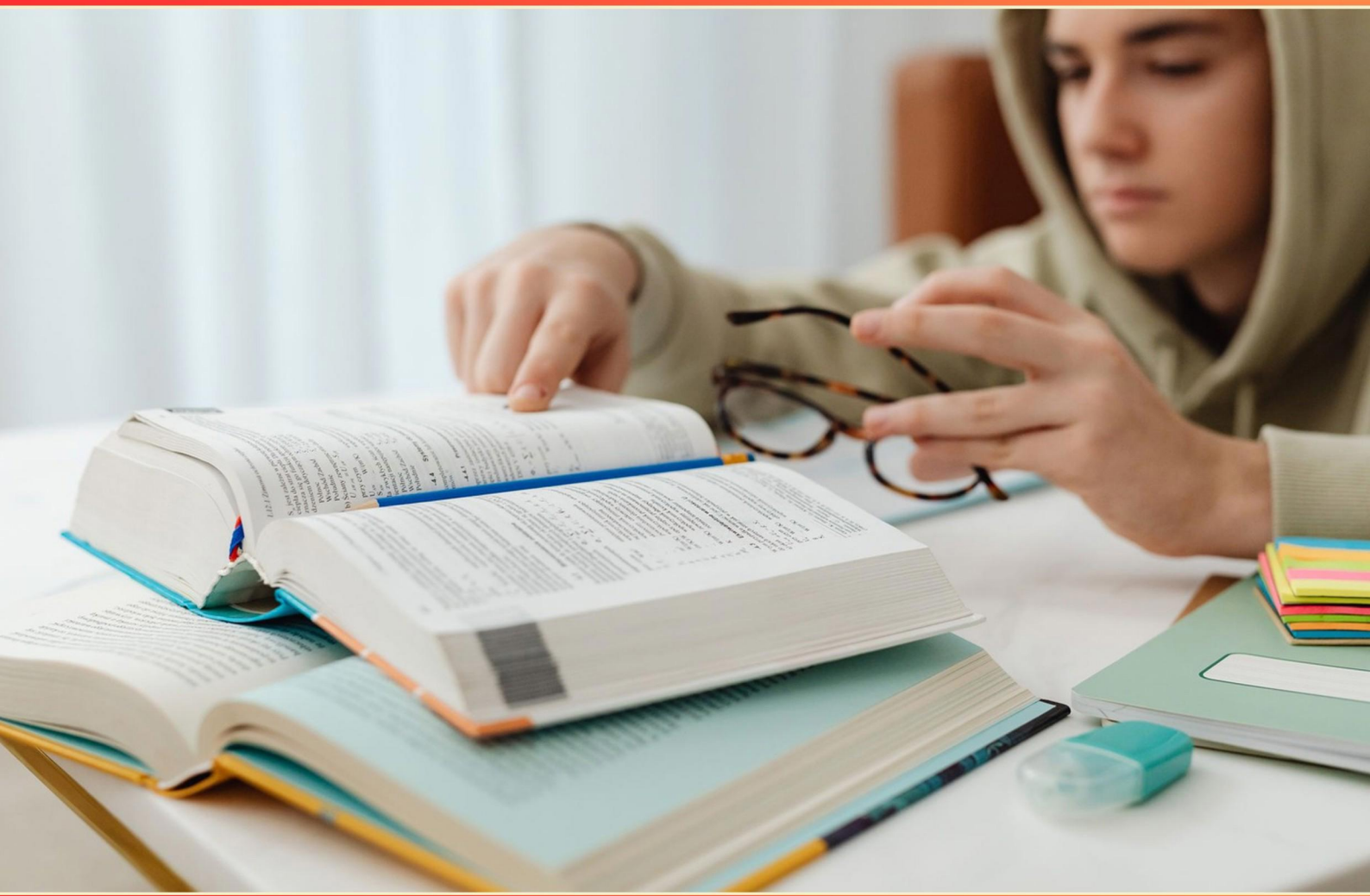
4A051 CDC UNDERSTANDING AND RETENTION EVALUATION (URE) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. An inventory of patient valuables is conducted

A. Annually

B. Monthly

C. Quarterly

D. Daily

2. What is the official system of record for management of expeditionary medical personnel and resources for the Air Force Medical Service (AFMS)?

A. MRDSS-Ultra

B. Medred-C

C. Sitrep

D. Sorts

3. Who oversees the mission operation of the installation?

A. First responders (FR)

B. Crisis action team (CAT)

C. Incident commander (IC)

D. Emergency operations center (EOC)

4. Which of the following is NOT a major exocrine product?

A. Digestive juices

B. Mucus

C. Sweat

D. Urine

5. An individual's medical record information is not released to medical records or scientific organizations when

A. The information concerns patients treated in an MTF within the past five years

B. Reproducing the information would be a burden or it is contrary to existing laws

C. The patient does not want his or her records released

D. The request concerns active duty members

6. Who assigns the unit's missions and goals in DRRS?

A. MAJCOM/CC

B. SAF

C. Wing/CC

D. SECDEF

7. On the Training Overview Page, which action updates an individual's training information?

A. Find individual's record

B. The individual's name

C. Record training course attendance

D. Update training for multiple individuals

8. CHCS reports designed for a specific purpose by military treatment facility personnel are called

A. Special Reports

B. Customized Reports

C. AD HOC Reports

D. PAD Reports

9. Who appoints the Medical Evaluation Board (MEB) clerk and the Physical Evaluation Board liaison Officer (PEBLO), and by what means is the PEBLO tasked?

A. Military treatment facility commander; published orders

B. Flight commander, patient administration; official correspondence

C. Military treatment facility commander; official correspondence

D. Flight commander, patient administration; published orders

10. Who does the unit deployment manager (UDM) notify for remedial actions when unit task codes (UTC) cannot be supported due to changes in manpower or equipment?

A. Military Treatment Facility Commander (MTF/CC)

B. Support Squadron Commander (MDSS/CC)

C. Installation Deployment Office (IDO)

D. Medical Readiness Office (MRO)

Answers

1. B
2. A
3. B
4. D
5. B
6. D
7. A
8. C
9. A
10. C

Explanations

1. An inventory of patient valuables is conducted

A. Annually

B. Monthly

C. Quarterly

D. Daily

Regular safeguarding of patient valuables relies on periodic inventories. Conducting the inventory on a monthly basis provides timely detection of any losses or discrepancies while keeping the process manageable for staff. Daily checks would be impractical and disruptive; quarterly or annual checks are too infrequent to deter or catch losses promptly. In many facilities, an initial inventory is done on admission and then a monthly follow-up inventory is performed to maintain accountability. The inventory typically lists item descriptions, approximate values, and requires patient or designee acknowledgment to create a clear, auditable record.

2. What is the official system of record for management of expeditionary medical personnel and resources for the Air Force Medical Service (AFMS)?

A. MRDSS-Ultra

B. Medred-C

C. Sitrep

D. Sorts

The main idea tested is knowing the official system of record used by the Air Force Medical Service to manage expeditionary medical personnel and resources. MRDSS-Ultra functions as the authoritative database that tracks medical readiness, personnel status, and equipment allocation for expeditionary deployments. It provides up-to-date, centralized data essential for planning deployments, confirming medical readiness, and managing available medical assets across facilities and teams. Because it serves as the single source of truth for these elements, it supports accurate readiness reporting and decision-making at command levels. Sitrep is a reporting format used to communicate current conditions and events, not the primary data store for medical readiness. SORTS focuses on unit-level readiness across DoD and is broader than the AFMS-specific medical readiness and resource management. Medred-C is not the official AFMS system of record for expeditionary medical personnel and resources.

3. Who oversees the mission operation of the installation?

A. First responders (FR)

B. Crisis action team (CAT)

C. Incident commander (IC)

D. Emergency operations center (EOC)

During a crisis, the Crisis Action Team functions as the decision-making group that directs the installation's mission operations. This team sets priorities for critical tasks, allocates resources, and coordinates actions across departments to ensure essential functions continue and the crisis response stays aligned with overarching objectives. First responders focus on immediate on-scene actions and safety, not the overall mission operation. The incident commander runs on-scene command and tactical actions at the location of the incident, while the Emergency Operations Center coordinates broader support and cross-agency efforts. The Crisis Action Team sits above these roles in terms of guiding and overseeing the installation's mission-focused response.

4. Which of the following is NOT a major exocrine product?

A. Digestive juices

B. Mucus

C. Sweat

D. Urine

Exocrine secretions are products released by glands through ducts onto surfaces or into body cavities. Digestive juices are classic examples: salivary, gastric, and pancreatic secretions flow into the digestive tract to aid digestion. Mucus is another exocrine product, produced by mucous glands and goblet cells to lubricate and protect surfaces. Sweat is also exocrine, produced by sweat glands and released onto the skin to help regulate temperature and excrete salts. Urine, however, is not a secretion from an exocrine gland. It's formed by the kidneys as a filtrate of blood, then excreted through the urinary tract. It isn't released via a duct onto a surface or into a body cavity as a glandular secretion. Therefore, urine is not a major exocrine product.

5. An individual's medical record information is not released to medical records or scientific organizations when

A. The information concerns patients treated in an MTF within the past five years

B. Reproducing the information would be a burden or it is contrary to existing laws

C. The patient does not want his or her records released

D. The request concerns active duty members

Protecting patient privacy means medical record disclosures aren't automatic; they require proper authorization or a lawful basis. The strongest reason to withhold release is when providing the information would place an undue burden on the releasing organization or would contravene existing laws or regulations. If gathering, copying, and transmitting the records is impractical or would violate privacy statutes, the information should not be released. The other scenarios don't automatically prevent disclosure because there are often permissible pathways—such as when a patient consents, or when disclosures are allowed under specific regulatory exceptions—so they aren't universal barriers.

6. Who assigns the unit's missions and goals in DRRS?

A. MAJCOM/CC

B. SAF

C. Wing/CC

D. SECDEF

In DRRS, the unit's missions and goals come from the top level of DoD leadership. The Secretary of Defense sets the overarching missions and strategic goals for the force, establishing the guidance that shapes how readiness is evaluated. This guidance then cascades down through the chain of command so services translate it into specific unit-level tasks and DRRS objectives. The service secretary (for the Air Force) and the major command and wing commanders are responsible for implementing and managing readiness and reporting, ensuring units align with the higher-level directives. They don't originate the unit-level missions and goals themselves. So the reason the Secretary of Defense is the best answer is that they provide the authority and direction that determine what missions and goals units must strive to achieve within DRRS.

7. On the Training Overview Page, which action updates an individual's training information?

A. Find individual's record

B. The individual's name

C. Record training course attendance

D. Update training for multiple individuals

Locating the specific individual's record is the necessary first step to update their training on the Training Overview Page. The overview shows training data, but you edit by opening the person's own record, where you load the current training details and apply changes such as recording attendance. Without opening that record, you're not editing the correct entry, so the update wouldn't be applied to the right person. Once the record is open, you can perform the actual updates to the training information. The other options either identify the person (the name), describe the update action itself (record attendance), or apply to multiple people (bulk updates), which isn't the per-individual workflow on this page.

8. CHCS reports designed for a specific purpose by military treatment facility personnel are called

A. Special Reports

B. Customized Reports

C. AD HOC Reports

D. PAD Reports

Ad hoc reports are on-demand, purpose-specific outputs created by military treatment facility personnel to answer a particular question or satisfy a unique informational need. In CHCS, this type of reporting is used when standard, routine reports don't cover the exact data, timeframe, or filters required for a specific task, so staff tailor the report to fit that one-off objective. The flexibility to pick the exact data fields, date ranges, and patient groups makes this the best match for a report designed for a specific purpose by the facility. Other report types are generally predefined or routine in nature, not created to address a single, unique question on the fly.

9. Who appoints the Medical Evaluation Board (MEB) clerk and the Physical Evaluation Board liaison Officer (PEBLO), and by what means is the PEBLO tasked?

A. Military treatment facility commander; published orders

B. Flight commander, patient administration; official correspondence

C. Military treatment facility commander; official correspondence

D. Flight commander, patient administration; published orders

The appointment of both the MEB clerk and the PEBLO comes from the Military Treatment Facility commander, placing these roles squarely under the medical command and ensuring proper access to records and coordination across the MEB/PEB process. The PEBLO is tasked by published orders, a formal directive that assigns duties, defines the scope of responsibility, and establishes the reporting chain. This formal documentation is essential for accountability and consistency in handling medical evaluations and boards. Other options rely on less formal authorities or methods (such as a flight commander or official correspondence), which do not provide the same enduring, official directive needed for these medical-administration roles.

10. Who does the unit deployment manager (UDM) notify for remedial actions when unit task codes (UTC) cannot be supported due to changes in manpower or equipment?

A. Military Treatment Facility Commander (MTF/CC)

B. Support Squadron Commander (MDSS/CC)

C. Installation Deployment Office (IDO)

D. Medical Readiness Office (MRO)

When UTCs can't be supported because of changes in manpower or equipment, the unit deployment manager escalates the issue to the Installation Deployment Office. The IDO serves as the on-installation hub for deployment planning and remediation, coordinating with affected units, installation agencies, and higher headquarters to implement actions that bring UTCs back into supportable status. This can include reassigning personnel, sourcing augmentees, adjusting equipment, or revalidating mission requirements until capabilities align with the deployment plan. The Medical Treatment Facility Commander and the Medical Readiness Office handle medical facility leadership and medical readiness, respectively, but the formal coordination for deploying unit remediation sits with the Installation Deployment Office.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://4a051cdcure.examzify.com

We wish you the very best on your exam journey. You've got this!