

AEROMEDICAL ORIENTATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE



Prepare with structure. Pass with confidence



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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

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- 1. Which power standard is commonly used on aircraft for medical devices?**
 - A. 12V DC
 - B. 120V AC
 - C. 28V DC
 - D. 5V DC

- 2. What are three primary responsibilities of the flight nurse or flight medic during an aeromedical mission?**
 - A. Administer medications only
 - B. Monitor patient status only
 - C. Monitor patient status and respond to changes; administer medications per protocol; operate medical equipment and ensure scene safety and securement
 - D. Manage scheduling

- 3. What is the rationale for maintaining backup oxygen sources and consumables on long aeromedical missions?**
 - A. What is the rationale for maintaining backup oxygen sources and consumables on long aeromedical missions?
 - B. To ensure continuous oxygen supply and equipment operation if primary sources fail.
 - C. To fill mission time with extra weight.
 - D. It is not necessary on short missions.

- 4. TC 3-04.93 pertains to which topic?**
 - A. Aeromedical Life Support Equipment
 - B. Flight Regulations
 - C. Aeromedical Training for Flight Personnel
 - D. Aviation Safety Standards

- 5. Which action best supports infection control during aeromedical transport of infectious patients?**
 - A. Discontinue hand hygiene to save time
 - B. Appropriate PPE use and hand hygiene
 - C. Minimal surface decontamination
 - D. Ignore infection control measures

- 6. What form is the medical recommendation for flying duty?**
- A. DD 2993
 - B. DD 2992
 - C. DD 2792
 - D. DD 2766
- 7. Within what timeframe must a FDME or FDHS be started and completed?**
- A. Within a 3-month period preceding the end of the birth month
 - B. Within 6 months after birth
 - C. Within 1 year prior to deployment
 - D. Within the next 12 months
- 8. Which program is designed to promote health and sustain the mental and physical well-being of aviation personnel?**
- A. Aviation medicine program
 - B. Flight readiness program
 - C. Aeromedical support plan
 - D. Aviation wellness initiative
- 9. What is the initial management for suspected decompression sickness during air transport?**
- A. Administer antibiotics
 - B. Provide 50% oxygen
 - C. Administer 100% oxygen and arrange rapid transfer to hyperbaric therapy
 - D. Place patient in Trendelenburg
- 10. Which topics are typically covered in a post-mission debriefing?**
- A. Travel arrangements
 - B. Weather and flight plans
 - C. Patient status, care provided, equipment usage, and opportunities for improvement
 - D. Personal reflections

Answers

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

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Explanations

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1. Which power standard is commonly used on aircraft for medical devices?

- A. 12V DC
- B. 120V AC
- C. 28V DC**
- D. 5V DC

28V DC is the power standard commonly used on aircraft for medical devices. This voltage provides enough power for medical equipment while keeping wiring and insulation requirements manageable, which is crucial for weight and safety in flight. Aircraft electrical systems are designed around a 28-volt direct-current distribution, typically sourced from the main battery and generators, and many medical devices aboard are built to operate from that same bus or from approved DC-DC converters. Using 120V AC would demand heavier transformers and larger wiring, increasing weight and complexity, while voltages like 12V DC or 5V DC either don't supply enough power efficiently for typical devices or would require more conversion stages. Some aircraft do have AC power for certain subsystems, but 28V DC remains the standard for medical devices to ensure compatibility, reliability, and safety in the aviation environment.

2. What are three primary responsibilities of the flight nurse or flight medic during an aeromedical mission?

- A. Administer medications only
- B. Monitor patient status only
- C. Monitor patient status and respond to changes; administer medications per protocol; operate medical equipment and ensure scene safety and securement**
- D. Manage scheduling

The main idea being tested is how a flight nurse or flight medic combines clinical care with safety duties during aeromedical transport. The best answer reflects three core responsibilities that define practice in flight: continuous patient assessment with readiness to act, pharmacologic treatment per established protocols, and proficient handling of onboard medical equipment while keeping the patient and crew safe. First, monitoring the patient's status and responding to changes is essential because the aeromedical environment can rapidly alter a patient's condition. Vital signs, airway status, breathing, circulation, mental status, and response to prior interventions must be tracked continuously. When deterioration is detected, the nurse or medic must initiate appropriate actions promptly, following predefined protocols and communicating changes to the receiving facility and flight team. Second, administering medications per protocol ensures safe, standardized pharmacologic care during transport. Standing orders or protocol-driven meds reduce delays and minimize errors, with attention to correct dosing, routes, contraindications, and documentation. If a condition falls outside protocol, escalation to a physician follows. Third, operating medical equipment and ensuring scene safety and securement are critical in the aircraft setting. This includes managing monitors, ventilatory devices, infusion pumps, suction, oxygen, and defibrillators; and, crucially, securing the patient, equipment, and lines to prevent injury or distraction during flight. Coordinating with the flight crew to maintain a safe environment and stable patient care is a constant focus. The other options fall short because they cover only one aspect (either monitoring or medications) or focus on nonclinical tasks (like scheduling). The strongest choice captures the integrated, active patient care and safety role required on every aeromedical mission.

3. What is the rationale for maintaining backup oxygen sources and consumables on long aeromedical missions?

- A. What is the rationale for maintaining backup oxygen sources and consumables on long aeromedical missions?
- B. To ensure continuous oxygen supply and equipment operation if primary sources fail.
- C. To fill mission time with extra weight.
- D. It is not necessary on short missions.

Redundancy for life-support oxygen systems is essential on long aeromedical missions. Primary oxygen sources can fail due to equipment malfunctions, leaks, power issues, or other unforeseen problems encountered in flight. When a mission stretches for hours, relying on a single source leaves you vulnerable to hypoxia if that source becomes unavailable. Carrying backup oxygen supplies and consumables ensures a continuous, safe flow of oxygen to patients and crew, even if the main system ceases to function or needs maintenance. This approach also accounts for operational realities of air medical work: extended mission times, potential delays in resupply or diversion opportunities, and the need to maintain stable oxygen delivery at altitude where demand can outpace an onboard system's single-source capability. By planning for redundancy—additional cylinders, portable systems, spare regulators, masks, tubing, and other consumables—you reduce the risk of losing oxygen availability, which is a critical safeguard for patient safety and mission success. It isn't about adding unnecessary weight on shorter trips, where the risk window is smaller and the primary system is more likely to remain adequate. And it isn't about relying on oxygen only for longer trips; the fundamental aim is to preserve a continuous, controllable oxygen supply and functioning equipment throughout the entire operation.

4. TC 3-04.93 pertains to which topic?

- A. Aeromedical Life Support Equipment
- B. Flight Regulations
- C. Aeromedical Training for Flight Personnel
- D. Aviation Safety Standards

Aeromedical training for flight personnel. TC 3-04.93 is focused on the instruction and competencies needed for aviators and aircrew to handle aeromedical issues, maintain medical readiness, and perform in-flight medical procedures or responses. It covers how altitude physiology, hypoxia, motion sickness, and other flight-related medical factors affect performance and how crew members should train to recognize and manage them. The other options describe things like equipment (aeromedical life support equipment), rules and procedures (flight regulations), or broad safety standards. Those areas are not the primary subject of this manual, which is about training and readiness for flight personnel in aeromedical matters.

5. Which action best supports infection control during aeromedical transport of infectious patients?

- A. Discontinue hand hygiene to save time
- B. Appropriate PPE use and hand hygiene**
- C. Minimal surface decontamination
- D. Ignore infection control measures

Infection control during aeromedical transport relies on strict use of personal protective equipment and diligent hand hygiene. The aircraft environment is tight and surfaces are shared, so protecting both crew and patient depends on creating a barrier between infectious material and contact, and then removing that barrier safely without spreading contamination. Appropriate PPE—gloves, gown, mask or respirator, and eye protection or face shield as indicated—forms that barrier. Correct donning before patient contact and proper doffing after tasks are completed are essential to prevent self-contamination and cross-contamination to other surfaces or people. Hand hygiene is the second pillar: performing hand hygiene before patient contact, after removing gloves, after contact with the patient or contaminated surfaces, and between tasks reduces the chance of transferring pathogens. Alcohol-based hand rub works for most situations, while soap and water is needed when hands are visibly dirty or after exposure to certain organisms. Discontinuing hand hygiene, skimping on PPE, or ignoring infection control measures would markedly raise the risk of transmitting infections to both crew and patient in the confined aeromedical setting.

6. What form is the medical recommendation for flying duty?

- A. DD 2993
- B. DD 2992**
- C. DD 2792
- D. DD 2766

The form used to convey the medical recommendation for flying duty is the aviation Medical Fitness Report. This document is specifically designed for flight surgeons to summarize your medical assessment and clearly state whether you are medically fit to perform flying duties, along with any restrictions or limitations. It focuses on conditions and factors that could impact flight safety, so the medical recommendation is recorded there rather than on general medical forms. Other forms exist for different purposes—such as routine medical records or preventive care—so they don't substitute for the aviation-specific fitness determination.

7. Within what timeframe must a FDME or FDHS be started and completed?

- A. Within a 3-month period preceding the end of the birth month**
- B. Within 6 months after birth
- C. Within 1 year prior to deployment
- D. Within the next 12 months

The timing centers on keeping flight-related medical clearances current in relation to when a dependent is born. You must start and complete the FDME or FDHS within a three-month window ending with the birth month. This ensures the medical documentation for the new dependent is up-to-date and valid for early postpartum periods, supporting travel or deployment readiness and preventing coverage gaps. Scheduling outside this window—either too long before the birth or after—would risk an outdated or incomplete record that doesn't align with the regulatory timelines for dependents.

8. Which program is designed to promote health and sustain the mental and physical well-being of aviation personnel?

- A. Aviation medicine program**
- B. Flight readiness program
- C. Aeromedical support plan
- D. Aviation wellness initiative

Aviation medicine program focuses on medical fitness and health maintenance for aircrew and aviation personnel. It encompasses ongoing health surveillance, prevention of illness and injury, management of fatigue and stress, and promotion of both mental and physical well-being to ensure safe, capable performance in the aviation environment. This formal medical framework aims to keep individuals fit for duty, support timely treatment and return to work after illness, and reduce the risk of incapacitation during flight. The other concepts may touch on related ideas, but they don't provide the comprehensive medical oversight and standards that a formal aviation medicine program delivers. For example, a flight readiness program implies preparation for flight duties without the full scope of medical surveillance; an aeromedical support plan centers on arranging medical care logistics rather than ongoing wellness and fitness for duty; an aviation wellness initiative emphasizes wellness activities but often lacks the formal medical fitness assessment and medical management component.

9. What is the initial management for suspected decompression sickness during air transport?

- A. Administer antibiotics
- B. Provide 50% oxygen
- C. Administer 100% oxygen and arrange rapid transfer to hyperbaric therapy**
- D. Place patient in Trendelenburg

Decompression sickness is caused by inert gas bubbles forming in tissues after a rapid ascent, so the first goal during air transport is to maximize oxygen delivery and start moving toward definitive therapy. Administering 100% oxygen ensures tissues get ample oxygen, helps speed nitrogen washout from the bubbles, and reduces hypoxia risk in the low-ambient-oxygen environment of flight. At the same time, arranging rapid transfer to hyperbaric therapy is essential because increasing ambient pressure in a hyperbaric chamber compresses the gas bubbles, promotes re-dissolution of nitrogen, and is the primary treatment that addresses the underlying problem. Antibiotics don't treat gas bubbles, 50% oxygen is not enough for optimal oxygenation and bubble resolution, and placing the patient in Trendelenburg offers no therapeutic benefit and can worsen circulation.

10. Which topics are typically covered in a post-mission debriefing?

- A. Travel arrangements
- B. Weather and flight plans
- C. Patient status, care provided, equipment usage, and opportunities for improvement**
- D. Personal reflections

Post-mission debriefs focus on the patient and how care was delivered during the mission. The discussion centers on the patient's status, any changes or events that occurred during transport, the care provided (treatments given, procedures performed, medications used), how equipment functioned or any issues encountered, and opportunities to improve processes, communication, or protocols for future missions. This kind of review helps improve patient safety and outcomes by identifying what went well and what could be done differently next time. Logistics such as travel arrangements or weather and flight plans belong more to planning and safety reviews rather than the clinical debrief, and personal reflections, while potentially useful for team morale, are not the primary focus when the goal is to assess care quality and system performance.

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://aeromedorientation.examzify.com>

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

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