

AFSC 4N051 SKT MODULE 2 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

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- 1. Why is timely dissemination critical in battlefield intelligence?**
 - A. It enables commanders to make informed decisions quickly and adjust operations to changing conditions
 - B. It ensures all data is verified before any action
 - C. It allows commanders to delay actions to confirm data
 - D. It aligns with annual reporting cycles
- 2. Which process is used to remove service members who can no longer perform their duties due to disability?**
 - A. Disability Evaluation System (DES).
 - B. Medical Evaluation Board (MEB).
 - C. Personnel reliability program.
 - D. Fitness assessment.
- 3. Which stratification is used for medical conditions for which specialist medical care and referral within one year is likely but who could be deployed or reassigned outside CONUS or to non-fixed environments if appropriate specialty care is available, or for short periods of time?**
 - A. ALC Y with a C2
 - B. ALC Y with a C3 stratification
 - C. ALC Y with a C1 stratification
 - D. Waiver Review
- 4. HIV testing results must be maintained in which system?**
 - A. Service-specific medical system of record
 - B. DoD-wide Joint Medical Archive
 - C. Local clinic file
 - D. National Health Registry
- 5. What is the SICK SLIP, and when is a DD Form 689 used?**
 - A. A travel authorization.
 - B. A leave request form.
 - C. A basic medical report.
 - D. A DD Form 689 used to document a patient's quarters when ASIMS is unavailable or the provider is working with another branch of service.

- 6. The 90-day PHA grace period allows for what?**
- A. Unplanned periods of leave only.
 - B. Temporary duty only.
 - C. Deployments only.
 - D. Unplanned periods of leave, temporary duty, deployments, or other unavailability.
- 7. Which stratification designates members who should not be deployed or assigned away from specialty medical capability required to manage their unique medical condition?**
- A. ALC Y with a C2 stratification
 - B. ALC Y with a C3 stratification
 - C. TDRL Examinations
 - D. Waiver Review
- 8. Which scenario qualifies as permanent non-deployable?**
- A. Enrolled in DES.
 - B. Placed on permanent limited duty or have a permanent profile and awaiting non-duty LOD decision.
 - C. Temporary limited duty.
 - D. Hospitalized for observation.
- 9. Assignment Limitation Code (ALC) with a C1 stratification is used to identify which type of conditions?**
- A. Permanent disabilities
 - B. Used to designate no medical restrictions
 - C. Used primarily to identify individuals with temporary or mild conditions requiring medical follow-up but whose condition is clinically quiescent if untreated or treatment is limited to primary care during periods of deployment or assignment.
 - D. Used to identify all service members with medical conditions.
- 10. Deployed records personnel are required to file all primary care patient encounters into which hard copy form?**
- A. DD 2766
 - B. ASIMS - DD 2766
 - C. Standard Form 600
 - D. SF 600

Answers

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

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Explanations

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1. Why is timely dissemination critical in battlefield intelligence?

- A. It enables commanders to make informed decisions quickly and adjust operations to changing conditions
- B. It ensures all data is verified before any action
- C. It allows commanders to delay actions to confirm data**
- D. It aligns with annual reporting cycles

Timely dissemination means getting relevant intelligence to the right decision-makers at the moment they need it, so they can act and adapt as the situation changes. This is essential because commanders must make informed choices quickly and adjust operations in response to new enemy movements, terrain, or events. While some verification is important, delaying action until every data point is perfect slows the response and can cost opportunities. In contrast, acting promptly on timely, actionable intel keeps operations nimble and maintains the initiative. Choices that emphasize delaying actions or tying dissemination to unrelated cycles miss the urgency and dynamic nature of battlefield decisions.

2. Which process is used to remove service members who can no longer perform their duties due to disability?

- A. Disability Evaluation System (DES).
- B. Medical Evaluation Board (MEB).**
- C. Personnel reliability program.
- D. Fitness assessment.

When a service member's ability to perform duties is compromised by a medical condition, a Medical Evaluation Board is initiated. This formal medical review brings together all relevant medical evidence—diagnoses, tests, functional limitations, and how the condition affects the ability to perform duties—to determine if the member is still fit for continued service. If the MEB concludes the member is unfit for duty, the case then moves into the disability evaluation process, which leads to a formal disability rating and disposition (such as retirement or separation with disability benefits). This differs from a Disability Evaluation System in that the DES is the broader program that manages disability processing, with the MEB being the specific medical step that assesses fitness for duty. The Personnel Reliability Program is about maintaining security and reliability of personnel, not diagnosing medical disability. A Fitness assessment, on the other hand, is a routine check of physical readiness, not a formal determination of long-term capability to perform duties due to disability.

3. Which stratification is used for medical conditions for which specialist medical care and referral within one year is likely but who could be deployed or reassigned outside CONUS or to non-fixed environments if appropriate specialty care is available, or for short periods of time?

- A. ALC Y with a C2**
- B. ALC Y with a C3 stratification
- C. ALC Y with a C1 stratification
- D. Waiver Review

Stratification describes the level of medical readiness and deployment potential for conditions needing specialist care. An ALC Y designation with a C2 stratification means the condition will likely require specialist medical care and referral within a year, but the service member can still be deployed or reassigned outside CONUS or to non-fixed environments if appropriate specialty care is available, or for short periods. This aligns with a scenario where deployment is possible with access to specialty care and for limited durations, rather than being non-deployable or fully unrestricted. A C3 would imply stricter limits and less deployability, C1 would imply full, unrestricted deployability, and Waiver Review is a different pathway used for waiver considerations, not the described stratification.

4. HIV testing results must be maintained in which system?

- A. Service-specific medical system of record**
- B. DoD-wide Joint Medical Archive
- C. Local clinic file
- D. National Health Registry

HIV testing results belong in the service-specific medical system of record. This is the official health record for a service member within that branch, ensuring the data stays with the member's primary medical file and is accessible to authorized clinicians across DoD facilities within that service. It also supports proper privacy and medical governance. The DoD-wide Joint Medical Archive exists for cross-service access and long-term storage, but it is not the primary clinical record used for day-to-day care. Local clinic files and a national registry do not serve as the official, centralized source of record for the member's HIV results.

5. What is the SICK SLIP, and when is a DD Form 689 used?

- A. A travel authorization.
- B. A leave request form.
- C. A basic medical report.
- D. A DD Form 689 used to document a patient's quarters when ASIMS is unavailable or the provider is working with another branch of service.**

A Sick Slip is a manual way to track a service member's medical status and where they should reside (their quarters) when the electronic medical system isn't available or the clinician is working with another branch of service. In these situations, the DD Form 689 is used to document the patient's quarters location and related status because the usual digital records (ASIMS) can't be accessed or a cross-service provider is involved. This form provides a temporary, paper record to ensure the member is cared for and properly supervised while the electronic system or cross-service coordination is resolved. It's not for travel authorization, leave requests, or a basic medical report—those have different forms and purposes.

6. The 90-day PHA grace period allows for what?

- A. Unplanned periods of leave only.
- B. Temporary duty only.
- C. Deployments only.
- D. Unplanned periods of leave, temporary duty, deployments, or other unavailability.**

This concept is about flexibility in completing the PHA when you're unavailable due to military duties. The 90-day grace period is not limited to one situation; it covers unplanned periods of leave, temporary duty, deployments, or any other form of unavailability that prevents finishing the PHA on the original due date. This broader scope lets you complete the health assessment within 90 days after the due date while still maintaining mandatory health surveillance. The other options only mention a single scenario, so they don't reflect the full allowance of the grace period.

7. Which stratification designates members who should not be deployed or assigned away from specialty medical capability required to manage their unique medical condition?

- A. ALC Y with a C2 stratification
- B. ALC Y with a C3 stratification**
- C. TDRL Examinations
- D. Waiver Review

Stratification and availability codes are used to show whether a service member can be deployed and, if so, under what medical constraints. An availability level code marked with a "Y" indicates the person is not deployable. The accompanying stratification level (C3) signals that the individual requires a specialty medical capability to manage their condition and cannot be treated adequately away from that capability. When you combine those two, it clearly designates someone who should not be deployed or moved away from the specialty medical resources required to care for them. The other options address different processes (temporary retirement examinations or waiver reviews) that don't specifically identify someone as nondeployable due to needing a particular specialty capability.

8. Which scenario qualifies as permanent non-deployable?

- A. Enrolled in DES.
- B. Placed on permanent limited duty or have a permanent profile and awaiting non-duty LOD decision.**
- C. Temporary limited duty.
- D. Hospitalized for observation.

Permanent non-deployable means a service member has a lasting medical limitation that prevents deployment for the long term. When someone is placed on permanent limited duty or given a permanent profile, it signals ongoing, long term restrictions that aren't expected to clear quickly enough to allow deployment. If they're also awaiting a non duty LOD decision, the process is determining whether this condition disqualifies them from any duty, which reinforces that deployment isn't anticipated. In contrast, temporary limited duty indicates a temporary restriction with an expectation of recovery to deployable status, and hospitalization for observation is an acute condition that may resolve. Being enrolled in DES shows evaluation for potential disability, but it does not by itself establish permanent non deployability.

9. Assignment Limitation Code (ALC) with a C1 stratification is used to identify which type of conditions?

- A. Permanent disabilities
- B. Used to designate no medical restrictions
- C. Used primarily to identify individuals with temporary or mild conditions requiring medical follow-up but whose condition is clinically quiescent if untreated or treatment is limited to primary care during periods of deployment or assignment.**
- D. Used to identify all service members with medical conditions.

Assignment Limitation Code with this stratification flags conditions that are not disabling and can be managed with routine care. It identifies temporary or mild medical issues that still require some medical oversight, but remain clinically quiescent if not actively treated, or can be handled at primary care level during deployments or assignments. In practice, this means the service member is deployable under supervision with limited medical resources, not permanently disabled, and not restricted to no medical restrictions. This category fits conditions like minor, stable problems that don't require specialist care to deploy. The other options describe scenarios that are either more severe (permanent disabilities), imply no restrictions at all, or encompass all medical conditions—none of which align with the specific, milder, follow-up-or-primary-care-only nature of this stratification.

10. Deployed records personnel are required to file all primary care patient encounters into which hard copy form?

- A. DD 2766**
- B. ASIMS - DD 2766
- C. Standard Form 600
- D. SF 600

In deployed DoD medical record settings, primary care encounters are captured on a standardized hard-copy form designed specifically for primary care: the DD 2766, Adult Preventive and Chronic Care Flowsheet. This form provides a structured way to record the visit, including vitals, assessment, diagnoses, plan of care, and follow-up, so anyone reviewing the record can quickly understand the patient's status across different locations and providers. Using this flowsheet helps ensure consistency and continuity of care in the field, where records may be transferred or reassessed by various clinicians. Other forms serve broader or different purposes and are not the designated primary-care encounter document used in deployed environments.

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:

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

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