

# **AOC HEALTH SERVICES PLANS, OPERATIONS, INTELLIGENCE (70H) COURSE PRACTICE TEST (SAMPLE)**

## **STUDY GUIDE**



## **SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS**

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<https://aoc70hcourse.examzify.com>



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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. Describe the role of medical surveillance in deployed operations.**
  - A. Patrol areas for enemies and gather intelligence.
  - B. Collect, analyze, and disseminate health data to detect disease outbreaks, monitor trends, and guide preventive measures.
  - C. Manage supply chain for medical equipment only.
  - D. Conduct surgical procedures in the field.
- 2. What is the purpose of dental readiness in Army health service?**
  - A. Improves cosmetic appearance of teeth in the field.
  - B. Tracks dental supply usage for budget purposes.
  - C. Provides dental care only during peacetime operations.
  - D. Ensures dental care is maintained so dental issues do not impede readiness or deployment.
- 3. Which units comprise Medical C2?**
  - A. MEDCOM (DS)/TMC, MEDBDE SPT
  - B. MEDCOM (DS)/TMC, MEDBDE SPT, MMB
  - C. MEDCOM (DS)/TMC, MMB
  - D. MEDBDE SPT, MMB, MEDCOM (DS)/TMC
- 4. COSC stands for what?**
  - A. Combat and Organizational Stress Coordination
  - B. Combat and Organizational Stress Control
  - C. Council of Security and Compliance
  - D. Combat and Operational Stress Control
- 5. Which term refers to a support arrangement where a unit is assigned to support the force as a whole and to reinforce another similar-type unit?**
  - A. General
  - B. General Support-Reinforcing
  - C. Direct
  - D. Reinforcing

**6. Which command relationship describes a temporary placement of units or personnel in an organization?**

- A. Attached
- B. Organic
- C. Assigned
- D. Operational Control

**7. What does blood product management entail in the theater?**

- A. Inventory control and storage only.
- B. Inventory control, cross-matching, storage, distribution, and rapid replenishment.
- C. Distribution and training of staff only.
- D. Cross-matching only.

**8. In COA Approval, which elements are refined?**

- A. Logistics and supply
- B. Commander's intent
- C. CCIR and EEFI
- D. Refined commander's intent, CCIR, EEFI

**9. How is environmental health managed in deployed settings?**

- A. Monitor air and water quality, sanitation, vector control, and disease surveillance.
- B. Focus only on nutrition.
- C. Only monitor air quality.
- D. Rely on civilian agencies for health surveillance.

**10. Which of the following is a step in IPOE?**

- A. Define the Operational Environment
- B. Execute the operation
- C. Allocate resources
- D. Conduct air reconnaissance

## **Answers**

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

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## **Explanations**

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## 1. Describe the role of medical surveillance in deployed operations.

- A. Patrol areas for enemies and gather intelligence.
- B. Collect, analyze, and disseminate health data to detect disease outbreaks, monitor trends, and guide preventive measures.**
- C. Manage supply chain for medical equipment only.
- D. Conduct surgical procedures in the field.

*Medical surveillance in deployed operations is about turning health information into actionable warnings and preventive actions. The best choice describes collecting, analyzing, and disseminating health data to detect disease outbreaks, monitor trends, and guide preventive measures. In practice, this means tracking illness reports, hospital data, immunization and exposure histories, and environmental health indicators; looking for unusual clusters or trends; and sharing findings with medical and command teams so they can implement vaccinations, prophylaxis, sanitation improvements, isolation if needed, and other preventive actions. This approach keeps troops healthier, guides resource allocation, and supports informed decision-making in the field.*

## 2. What is the purpose of dental readiness in Army health service?

- A. Improves cosmetic appearance of teeth in the field.
- B. Tracks dental supply usage for budget purposes.
- C. Provides dental care only during peacetime operations.
- D. Ensures dental care is maintained so dental issues do not impede readiness or deployment.**

*Maintaining dental readiness keeps Soldiers able to perform and deploy without dental problems getting in the way. The focus is on preventive, timely dental care—regular exams, cleanings, and treatment of issues—so anything that could cause pain, infection, or a medical evacuation in a field environment is addressed before deployment. This approach ensures that dental health doesn't become a barrier to mission readiness or rapid, sustained operations. Cosmetic changes aren't the goal, and care isn't confined to peacetime; the aim is continuous, functional dental health that supports who and what the Army can deploy. It isn't about budgeting or supply tracking, which are separate concerns outside this readiness aim.*

## 3. Which units comprise Medical C2?

- A. MEDCOM (DS)/TMC, MEDBDE SPT
- B. MEDCOM (DS)/TMC, MEDBDE SPT, MMB**
- C. MEDCOM (DS)/TMC, MMB
- D. MEDBDE SPT, MMB, MEDCOM (DS)/TMC

*Medical C2 is built from a command structure that links the highest medical authority with brigade- and battalion-level medical capability. The top element, MEDCOM (DS)/TMC, provides the overarching medical command and theater-level medical operations. MEDBDE SPT supplies the brigade-level medical command and support capacity, organizing and directing medical resources to meet battlefield needs. MMB, a Mobile Medical Battalion, brings the on-the-ground medical care and coordination necessary to execute care in the field and to integrate with the broader C2 network. Together these three form Medical C2 because you have the strategic-to-tactical command chain, brigade-level medical support, and the field medical unit that delivers care and coordinates patient movement. Missing any one of these would break the linkage and reduce the ability to command, control, and sustain medical operations in theater.*

#### 4. COSC stands for what?

- A. Combat and Organizational Stress Coordination
- B. Combat and Organizational Stress Control
- C. Council of Security and Compliance
- D. Combat and Operational Stress Control**

*The main idea here is knowing the official name of the military program that handles stress during combat and operations. In military terminology, the phrase Combat and Operational Stress Control describes efforts to prevent, identify, and manage stress responses so soldiers stay ready and functional in demanding environments. The word Combat covers stress from direct fighting, while Operational broadens that to the stresses of the tempo, workload, and demands of missions, training, and deployments. Control emphasizes actively managing these stress effects, not just observing them or coordinating them in a general sense. The other options mix in organizational or coordination terms that aren't used in the standard title. So, the recognized term is Combat and Operational Stress Control.*

#### 5. Which term refers to a support arrangement where a unit is assigned to support the force as a whole and to reinforce another similar-type unit?

- A. General
- B. General Support-Reinforcing**
- C. Direct
- D. Reinforcing

*In unit task organization, you look for relationships that describe how a unit provides support. One arrangement means the unit is assigned to support the force as a whole and, when needed, to reinforce another unit of the same type. That combination is called General Support-Reinforcing. It matches both parts: general support to the entire force and the ability to reinforce a similar-type unit. Why this is the best fit is that it explicitly covers the broad, force-wide help while also allowing for targeted reinforcement of a peer unit. The other terms describe more limited or different relationships: direct support is tied to a specific unit, reinforcing alone means strengthening a unit without the broader force-wide support, and general support alone lacks the reinforcement aspect.*

#### 6. Which command relationship describes a temporary placement of units or personnel in an organization?

- A. Attached**
- B. Organic
- C. Assigned
- D. Operational Control

*Attaching describes a temporary placement of units or personnel to another command for a specific mission or time frame. The personnel or unit operate under the gaining command's direction for the duration, but they remain administratively part of their original unit. This lets the organization quickly bring in needed capabilities without permanently changing structures, and the arrangement ends when the mission is complete. In contrast, an element that is organic is permanently part of the higher unit; assigned implies a longer-term transfer; and operational control governs authority over performing tasks rather than the temporary placement itself.*

## 7. What does blood product management entail in the theater?

- A. Inventory control and storage only.
- B. Inventory control, cross-matching, storage, distribution, and rapid replenishment.**
- C. Distribution and training of staff only.
- D. Cross-matching only.

*In the theater, blood product management means coordinating every step to have the right, compatible blood products available quickly and safely when they're needed. Inventory control keeps track of what is on hand, what's nearing expiration, and what needs to be reordered to prevent shortages or waste. Cross-matching ensures donor blood is compatible with the patient before transfusion, reducing the risk of adverse reactions. Storage guarantees blood products are kept at the proper temperatures and conditions so they remain viable until use. Distribution covers getting the correct unit to the operating room promptly with proper labeling and traceability. Rapid replenishment ensures we can replace used or lost units immediately, often through rapid or massive transfusion protocols, so the supply keeps up with ongoing bleeding. Together, these elements create a complete, responsive system for managing blood products in a surgical setting.*

## 8. In COA Approval, which elements are refined?

- A. Logistics and supply
- B. Commander's intent
- C. CCIR and EEFI
- D. Refined commander's intent, CCIR, EEFI**

*During COA Approval, the plan is sharpened to align with what the commander intends and to set the information framework that will drive decisions and protect critical data. The commander's intent is refined to be precise and actionable so everyone understands the desired end state and the approach to achieve it, eliminating ambiguity. Equally important, CCIR (Commander's Critical Information Requirements) are refined to specify exactly what information the commander must have to make timely, informed decisions. This focuses collection, processing, and reporting efforts on the indicators that truly matter for deciding among courses of action. EEFI (Essential Elements of Friendly Information) are refined to identify which sensitive details must be protected or monitored, guiding security and ISR activities so critical capabilities and plans aren't inadvertently exposed. Together, refining the commander's intent, CCIR, and EEFI ensures the COA is workable, aligned with priorities, and prepared for the next steps in planning and execution. Logistics and supply considerations, while important, are typically addressed in later phases such as sustainment planning rather than during COA Approval.*

## 9. How is environmental health managed in deployed settings?

- A. Monitor air and water quality, sanitation, vector control, and disease surveillance.**
- B. Focus only on nutrition.
- C. Only monitor air quality.
- D. Rely on civilian agencies for health surveillance.

*The main idea here is that environmental health in deployed settings requires an integrated, proactive program that addresses multiple health determinants to protect personnel and mission readiness. This means actively monitoring and managing air and water quality, sanitation, vector control, and disease surveillance so that environmental risks are detected early and mitigated before they cause illness or disruption. Each area plays a crucial role: air quality helps prevent respiratory issues from dust, smoke, or chemical exposures; water quality and sanitation prevent waterborne and hygiene-related diseases; vector control reduces risks from insects that can transmit illness; and disease surveillance enables rapid identification and response to outbreaks, protecting the health of the force and maintaining operations. Taken together, these components form a comprehensive approach rather than focusing on a single aspect. Choosing to focus only on nutrition omits environmental hazards that can impact health and performance; monitoring only air quality ignores water, sanitation, and vector-related risks; and relying on civilian agencies for health surveillance may not provide the timely, mission-specific data and authority needed in a deployed setting.*

## 10. Which of the following is a step in IPOE?

- A. Define the Operational Environment**
- B. Execute the operation
- C. Allocate resources
- D. Conduct air reconnaissance

*In IPOE, you begin by defining the Operational Environment. This step sets the boundaries and scope for all subsequent intelligence work—you specify what space, time, weather, terrain, population, infrastructure, political and economic factors, and other conditions will shape how you observe, analyze, and plan. Defining the OE establishes what information is relevant and guides what collection and analysis will be needed, making it foundational to the entire IPOE process. The other activities describe actions that occur later in the planning or execution cycle. Executing the operation is the mission itself, not a planning step. Allocating resources belongs to resourcing and sustainment planning, not IPOE shaping. Conducting air reconnaissance is a collection activity and part of ISR planning, not a defined step within IPOE.*

## 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](mailto:hello@examzify.com).

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

<https://aoc70hcourse.examzify.com>

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

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