

FLIGHT AND OPERATIONAL MEDICAL TECHNICIAN (FOMT) BLOCK 1 PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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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. What is the final step in the grounding management review process in ASIMS?**
 - A. Review procedure
 - B. Inform doc
 - C. Update DD2766
 - D. Verify ground tested
- 2. Which directories are used to determine qualification requirements for officers and enlisted personnel?**
 - A. Air Force Officer Classification Directory and Air Force Enlisted Classification Directory
 - B. DoDM 5210.42
 - C. AF Form 422
 - D. SPECAT
- 3. How far back should a PCS record review extend?**
 - A. 5 years
 - B. At least 3 years
 - C. 1 year
 - D. 2 years
- 4. AIMWTS is used for which purpose?**
 - A. flying waivers
 - B. readiness tracking
 - C. aircrew scheduling
 - D. flight mission planning
- 5. Which document is used to determine AFSC-specific requirements for enlisted or officer?**
 - A. AFECD or AFOCD
 - B. SPECAT
 - C. AF Form 422
 - D. DoDM 5210.42 Appendix 4

- 6. Where should medication allergies be displayed on a hard copy FLY record?**
- A. Prominently under the patient identification data on the right-hand side of the folder.
 - B. On the left-hand side of the folder.
 - C. In the R&S blocks only.
 - D. In the notes section only.
- 7. What does HTSA stand for?**
- A. Host-Tenant Support Agreement (HTSA)
 - B. Home-Territory Support Agreement
 - C. Hazardous Transport Safety Agreement
 - D. Health and Safety Transfer Agreement
- 8. How many providers make up an MEB?**
- A. 2
 - B. 4
 - C. 3
 - D. 5
- 9. What document is used for members retraining into a special duty?**
- A. AF Form 422
 - B. AFECD
 - C. DoDM 5210.42
 - D. SPECAT (special duty assignment category)
- 10. Which DoD Instruction(s) establish medical standards for entrance into military service?**
- A. DoDI 6130.03 Vol 1: Medical Standards for Military Service- Appointment, Enlistment or Induction and DoDI 1308.03 Physical Fitness + Body Fat Program Procedures (Ht + Wt)
 - B. DoDI 6000.01 and DoDI 5100.01
 - C. DoDI 1320.04 and DoDI 7000.13
 - D. DoDI 9120.01 and DoDI 1050.10

Answers

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

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Explanations

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1. What is the final step in the grounding management review process in ASIMS?

- A. Review procedure
- B. Inform doc**
- C. Update DD2766
- D. Verify ground tested

In ASIMS, the final step in a grounding management review is to inform the documentation. After the review and any required verifications, you need to officially communicate the grounding decision to the documentation system so the status is recorded and visible to all stakeholders. This wrap-up ensures traceability, prevents miscommunication, and keeps the record current for future reference, audits, and any follow-on actions. The earlier steps—reviewing the procedure, updating documentation like DD2766, and confirming ground testing—feed into this final step, but the actual closure comes from informing the documentation so the decision is formally captured.

2. Which directories are used to determine qualification requirements for officers and enlisted personnel?

- A. Air Force Officer Classification Directory and Air Force Enlisted Classification Directory**
- B. DoDM 5210.42
- C. AF Form 422
- D. SPECAT

The key idea here is using official job classifications to determine what counts as qualified for each officer and enlisted specialty. The Air Force Officer Classification Directory and the Air Force Enlisted Classification Directory are the authoritative references that list each specialty (officer and enlisted) along with the prerequisites, required training, education, and experience for qualification. They standardize how personnel are assigned to billets and what steps a service member must complete to be considered qualified for a given role. In practice, these directories guide career planning, postings, and progression by making clear what is needed to qualify for any particular specialty. Other options don't serve this purpose. DoDM 5210.42 is a DoD security-related instruction, not about occupational classifications. AF Form 422 documents medical fitness and is used to record physical qualification for duty, not to define specialty qualifications. SPECAT is not the official directory used to determine qualification requirements for Air Force officers and enlisted personnel.

3. How far back should a PCS record review extend?

- A. 5 years
- B. At least 3 years**
- C. 1 year
- D. 2 years

When reviewing records for a PCS move, you want enough history to catch conditions and treatments that could affect current readiness or ongoing care. The recommended minimum look-back is at least three years. This window helps uncover chronic conditions, long-term medication use, hospitalizations, surgeries, and preventive care that might influence deployment status or require a referral or follow-up at the gaining facility. Looking back only one or two years can miss earlier issues that are still clinically relevant, while extending further than three years isn't typically necessary for this purpose and can add unnecessary burden. If older records aren't readily available, obtain what you can and note any gaps for the receiving medical team to address.

4. AIMWTS is used for which purpose?

- A. flying waivers
- B. readiness tracking
- C. aircrew scheduling
- D. flight mission planning

The key thing being tested is understanding what AIMWTS is designed to handle in aircrew management. AIMWTS is a system used to create, review, and track waivers that permit aircrew to fly under conditions that would normally disqualify them. It centralizes waiver requests, the medical or operational rationale, the specific restrictions, and the approval authority, along with expiration dates and renewal needs. This helps ensure safety and compliance while allowing flight crews to continue operating when appropriate restrictions apply. This function is distinct from readiness tracking, aircrew scheduling, or flight mission planning, which are supported by other processes or tools. The focus here is on documenting and managing the authorization to fly under conditioned or temporary limitations.

5. Which document is used to determine AFSC-specific requirements for enlisted or officer?

- A. AFECD or AFOCD
- B. SPECAT
- C. AF Form 422
- D. DoDM 5210.42 Appendix 4

AFSC requirements for enlisted and officer roles are defined in the Air Force Classification Directories: the Enlisted Classification Directory (AFECD) for enlisted personnel and the Officer Classification Directory (AFOCD) for officers. These references lay out each AFSC, including its duties, the prerequisites, required skill levels, and the training paths needed to qualify and progress. They're the authoritative source used to determine what is required for a given AFSC, ensuring assignments and qualifications line up with official criteria. Other options don't serve this purpose. SPECAT is a catalog of specialties but does not prescribe the qualification prerequisites for each AFSC. AF Form 422 is a medical qualification form, not a catalog of AFSC requirements. DoDM 5210.42 Appendix 4 is a DoD directive/appendix not used to determine AFSC-specific requirements.

6. Where should medication allergies be displayed on a hard copy FLY record?

- A. Prominently under the patient identification data on the right-hand side of the folder.
- B. On the left-hand side of the folder.
- C. In the R&S blocks only.
- D. In the notes section only.

Clear, at-a-glance visibility of critical safety information is essential for flight medicine. Placing medication allergies directly under the patient identification data on the right-hand side of the hard copy FLY record ensures this information is immediately visible during preflight checks, handovers, or rapid assessments. It's in a standardized spot where clinicians and crew routinely look, so the risk of administering a contraindicated drug is minimized. Putting allergies on the left-hand side, restricting them to the R&S blocks, or confining them to the notes section makes it easier to miss during quick reviews or urgent events. Those locations are less likely to be noticed promptly, which can compromise patient safety in flight.

7. What does HTSA stand for?

- A. Host-Tenant Support Agreement (HTSA)
- B. Home-Territory Support Agreement
- C. Hazardous Transport Safety Agreement
- D. Health and Safety Transfer Agreement

The idea tested here is recognizing how an acronym maps to a common phrase in a professional context. HTSA is built from H, T, S, A, so a natural expansion pairs words that start with those letters: Host-Tenant Support Agreement. In many operational or organizational documents, a host organization provides support to a tenant, and that formal arrangement is described as a Host-Tenant Support Agreement, which makes this the most plausible and standard fit for HTSA. The other proposed phrases could technically map to the same initials, but they're far less typical in official documents. For instance, Home-Territory is uncommon in this context, and Hazardous Transport Safety or Health and Safety Transfer describe different concepts that aren't usually condensed as HTSA in practice.

8. How many providers make up an MEB?

- A. 2
- B. 4
- C. 3
- D. 5

Three providers make up an MEB. This small, three-person panel brings together essential medical perspectives to evaluate the service member's condition, its likely course, and how it affects fitness for duty. Typically one is the primary treating clinician, a second is a specialist in the relevant condition, and the third acts as a reviewer to verify the documentation and ensure a balanced, complete assessment. Keeping the panel to three ensures thorough review without unnecessary complexity or delays; adding more providers usually doesn't change the outcome and would slow things down, while fewer than three could miss important viewpoints.

9. What document is used for members retraining into a special duty?

- A. AF Form 422
- B. AFECD
- C. DoDM 5210.42
- D. SPECAT (special duty assignment category)

When members are retraining into a special duty, the process is managed through SPECAT, the Special Duty Assignment Category. This document/category is specifically used to authorize and track retraining into special duties, capturing eligibility, required training, timelines, and the assignment flow. It directly handles the special-duty transition, making it the appropriate tool for this purpose. The other options don't fit this function: the Enlisted Classification Directory lists available career fields but isn't the retraining document itself; a DoD instruction covers policy and procedures rather than a specific retraining record; and AF Form 422 relates to other administrative/medical processes rather than special-duty retraining.

10. Which DoD Instruction(s) establish medical standards for entrance into military service?

- A. DoDI 6130.03 Vol 1: Medical Standards for Military Service- Appointment, Enlistment or Induction and DoDI 1308.03 Physical Fitness + Body Fat Program Procedures (Ht + Wt)**
- B. DoDI 6000.01 and DoDI 5100.01**
- C. DoDI 1320.04 and DoDI 7000.13**
- D. DoDI 9120.01 and DoDI 1050.10**

The main idea here is identifying which DoD Instructions govern the medical eligibility for entering military service. The best choice points to two directives: DoDI 6130.03 Vol 1, which specifies the medical standards for appointment, enlistment, or induction, and DoDI 1308.03, which covers physical fitness and body fat program procedures (including height and weight). Together, they define who is medically eligible to enter and how fitness and body composition are assessed during the entrance process. The other instructions listed do not address entry medical standards for service, focusing on unrelated DoD policies and programs, so they don't define the criteria used to determine eligibility for enlistment.

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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://fomtblock1.examzify.com>

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

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