

FLIGHT AND OPERATIONAL MEDICAL TECHNICIAN (FOMT) BLOCK 2 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
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. Which ECGs must be sent to the ECG library?**
 - A. Initial flying/SOD physicals
 - B. FCII Rated Officers who have ECGs as part of their annual physicals
 - C. All personnel ECGs required for flight clearance
 - D. ECGs performed overseas only
- 2. What are the two forms generated by PEPP?**
 - A. 2810-1 and 2811
 - B. 2807-2 and 2809
 - C. 2806-1 and 2805
 - D. 2807-1 and 2808
- 3. Which symptom is most characteristic of meningitis rather than encephalitis?**
 - A. Neck stiffness and photophobia
 - B. Seizures and confusion
 - C. Focal deficits
 - D. Nausea only
- 4. Which statement best describes FC III waiver categories?**
 - A. There are four FC III waiver categories
 - B. There are three FC III waiver categories
 - C. There is only one FC III waiver category
 - D. There are two FC III waiver categories (FCIIIC and FCIIID)
- 5. Which of the following is NOT a function of the ACS?**
 - A. Conduct specialized aeromedical evaluations
 - B. Make recommendations
 - C. Conduct medical risk assessments
 - D. Provide standard mechanical repairs for aircraft

- 6. What is the purpose of capnography during airway management?**
- A. Confirms endotracheal tube placement and monitors adequacy of ventilation and perfusion.
 - B. Measures oxygen saturation.
 - C. Monitors blood pressure.
 - D. Detects carbon monoxide poisoning.
- 7. Who makes a notification when a trained asset is disqualified?**
- A. The Unit Commander
 - B. The Flight Surgeon
 - C. The MPF
 - D. The Aerospace Medical Consultant (ACS)
- 8. In a patient with suspected cervical spine injury, which airway maneuver is preferred?**
- A. Jaw-thrust maneuver; avoid head-tilt-chin-lift.
 - B. Head-tilt-chin-lift only.
 - C. Cricothyrotomy.
 - D. Nasal airway insertion only.
- 9. In AIMWTS, which action would you take to move a waiver to another workflow stage?**
- A. Forward waiver
 - B. Edit details
 - C. Export data
 - D. Archive waiver
- 10. How do you assess consciousness level quickly in the field?**
- A. Use the AVPU scale or the Glasgow Coma Scale to categorize level of responsiveness.
 - B. Assess only through observation.
 - C. Use the APGAR score.
 - D. Measure heart rate and blood pressure alone.

Answers

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

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Explanations

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1. Which ECGs must be sent to the ECG library?

- A. Initial flying/SOD physicals**
- B. FCII Rated Officers who have ECGs as part of their annual physicals
- C. All personnel ECGs required for flight clearance
- D. ECGs performed overseas only

The main idea is that the ECG library stores a baseline ECG for reference in ongoing flight-related medical screening. For aircrew, the most reliable baseline comes from the initial flying physical (the SOD physical), because that evaluation establishes the standard against which future ECGs are compared to detect new or evolving issues. Therefore, the ECGs from initial flying physicals are the ones that should be sent to the ECG library, so there is a consistent reference point for monitoring over time. Other options—ECGs from annual FCII physicals, all personnel ECGs required for flight clearance, or ECGs performed overseas only—do not provide the standard baseline used for long-term comparison and are not the designated source for the library.

2. What are the two forms generated by PEPP?

- A. 2810-1 and 2811
- B. 2807-2 and 2809
- C. 2806-1 and 2805
- D. 2807-1 and 2808**

PEPP is designed to generate two standardized documentation forms for each patient event. The two forms produced in this context are 2807-1 and 2808. This pairing fits the typical PEPP workflow: the first form captures the essential patient and incident data, and the second records the care actions and disposition. The other options list form numbers that don't match the PEPP output pattern for this scenario, so they aren't correct.

3. Which symptom is most characteristic of meningitis rather than encephalitis?

- A. Neck stiffness and photophobia**
- B. Seizures and confusion
- C. Focal deficits
- D. Nausea only

Meningitis causes inflammation of the meninges, which irritates the membranes surrounding the brain and spinal cord. This irritation leads to characteristic meningeal signs: neck stiffness due to irritation of the cervical meninges and ligaments, and photophobia from sensitivity to light caused by meningeal irritation. These signs are the most specific clues pointing to meningitis compared with encephalitis, where the problem is inflammation of brain tissue itself and the presentation centers more on altered mental status, seizures, and sometimes focal brain deficits. While nausea can occur with either condition and seizures/ confusion can appear in encephalitis, the combination of neck stiffness and photophobia is most characteristic of meningitis.

4. Which statement best describes FC III waiver categories?

- A. There are four FC III waiver categories
- B. There are three FC III waiver categories
- C. There is only one FC III waiver category
- D. There are two FC III waiver categories (FCIIIC and FCIIID)**

FC III waivers are kept simple by using two distinct subcategories. The official structure splits FC III waivers into FC IIIC and FC IIID, so there aren't additional categories beyond these two. This two-category setup is how the policy differentiates the waiver types within FC III. The other ideas—three, four, or a single category—don't align with how the waivers are defined, making two categories (IIIC and IIID) the correct description.

5. Which of the following is NOT a function of the ACS?

- A. Conduct specialized aeromedical evaluations
- B. Make recommendations
- C. Conduct medical risk assessments
- D. Provide standard mechanical repairs for aircraft**

Focus here is on what the Aeromedical Consultation Service does. The ACS handles medical oversight for aircrew: they conduct specialized aeromedical evaluations, make recommendations to enhance safety and fitness for flight, and perform medical risk assessments to quantify and communicate medical risk. Providing standard mechanical repairs for aircraft lies outside this medical scope and would be performed by maintenance personnel or aircraft technicians, not the ACS. Hence, that option is not a function of the ACS.

6. What is the purpose of capnography during airway management?

- A. Confirms endotracheal tube placement and monitors adequacy of ventilation and perfusion.
- B. Measures oxygen saturation.**
- C. Monitors blood pressure.
- D. Detects carbon monoxide poisoning.

Capnography measures end-tidal CO₂ in exhaled air and provides a waveform that confirms the endotracheal tube is in the trachea and lets you monitor ventilation in real time. A consistent capnogram with each breath indicates that CO₂ is being adequately eliminated, showing effective ventilation, while sudden changes or loss of the waveform signal problems such as tube dislodgement, airway obstruction, or apnea. Oxygen saturation is tracked with pulse oximetry, not capnography, so capnography is not used to measure SpO₂. It also isn't a direct tool for detecting carbon monoxide poisoning.

7. Who makes a notification when a trained asset is disqualified?

- A. The Unit Commander
- B. The Flight Surgeon**
- C. The MPF
- D. The Aerospace Medical Consultant (ACS)

Disqualification of a trained asset due to medical reasons is handled by the medical side of readiness. The Flight Surgeon is the clinician responsible for assessing aeromedical fitness, issuing fit-for-duty or disqualification determinations, and initiating the notification process when someone is medically disqualified. They coordinate the next steps, such as waivers, requalification plans, or return-to-duty criteria, and they inform the appropriate command authorities. The Unit Commander oversees mission readiness but does not determine medical fitness or handle the medical notification. The MPF manages personnel records and assignments, not medical qualifications. The Aerospace Medical Consultant provides expert input but isn't the official notifier for a medical disqualification. So, the notification comes from the Flight Surgeon.

8. In a patient with suspected cervical spine injury, which airway maneuver is preferred?

- A. Jaw-thrust maneuver; avoid head-tilt-chin-lift.**
- B. Head-tilt-chin-lift only.
- C. Cricothyrotomy.
- D. Nasal airway insertion only.

In a patient with suspected cervical spine injury, the airway must be opened without moving the neck. The jaw-thrust maneuver achieves this by lifting the mandible forward to move the tongue away from the airway, preserving cervical alignment and minimizing further spinal injury. In contrast, head-tilt-chin-lift would extend the neck and potentially worsen the injury, so it's avoided. A cricothyrotomy is an invasive emergency airway performed only when less invasive methods have failed or are not possible. A nasal airway can be used in some contexts but is not ideal here because it does not reliably secure the airway in the presence of facial trauma or skull fracture and does not address airway patency with spinal precautions. Therefore, the preferred approach is the jaw-thrust with inline cervical stabilization.

9. In AIMWTS, which action would you take to move a waiver to another workflow stage?

- A. Forward waiver**
- B. Edit details
- C. Export data
- D. Archive waiver

Moving a waiver through the workflow in AIMWTS is about routing it to the next step. The action to take is to forward the waiver. Forwarding passes control to the next designated stage or reviewer according to the workflow rules, updates the waiver's status in transit, and typically notifies the next handler so the process continues smoothly. Editing details changes information within the current record but does not advance the waiver to the next stage. Export data pulls information out for reporting or records and doesn't affect the workflow position. Archiving moves the waiver out of active workflow into storage or a completed state, but it doesn't push it forward to the next stage.

10. How do you assess consciousness level quickly in the field?

- A. Use the AVPU scale or the Glasgow Coma Scale to categorize level of responsiveness.
- B. Assess only through observation.**
- C. Use the APGAR score.
- D. Measure heart rate and blood pressure alone.

In the field, your first move to gauge consciousness is a rapid, direct observation of how the person responds. You look for whether they are awake, can follow commands, respond to speech, or only react to touch or pain, and you note any obvious confusion or agitation. This immediate read-out gives you a quick snapshot of mental status and helps you decide urgent actions (airway, breathing, circulation, and transport priorities) without waiting for formal scoring. Why this is the best fit here is that the question asks for a quick field assessment. Observing responsiveness right away provides the fastest sense of level of consciousness and sets the pace for subsequent care. Structured tools like AVPU or Glasgow Coma Scale are valuable for documentation and consistency, but they require more deliberate assessment beyond a first look. The APGAR score is for newborns, not applicable to general consciousness assessment, and focusing on heart rate and blood pressure alone does not reveal the patient's mental status or responsiveness.

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://fomtblock2.examzify.com>

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

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