

Flight Surgeon Module B Practice Test (Sample)

Study Guide



Everything you need from our exam experts!

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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 item is NOT listed as a MUST HAVE criterion for Acute Mountain Sickness?**
 - A. Recent gain in altitude**
 - B. Several hours at altitude**
 - C. Headache**
 - D. Elevated blood pressure**

- 2. In the Disturbance Stage of hypoxia, which of the following is NOT a typical symptom?**
 - A. Blurred vision**
 - B. Slurred speech**
 - C. Improved memory**
 - D. Erratic flight control**

- 3. Which of the following are common signs of motion sickness?**
 - A. Headache**
 - B. Rash**
 - C. Nausea, pallor, cold sweats**
 - D. Dizziness only**

- 4. Which condition results when the focal point is behind the retina?**
 - A. Focus in front of retina**
 - B. Focus on retina**
 - C. Focus behind retina**
 - D. No vision issues**

- 5. What is the effect of longer duration of the accelerating force?**
 - A. More severe effects**
 - B. Less severe effects**
 - C. No change**
 - D. Immediate recovery**

- 6. Which hypnotic/rest agent is noted for having a long half-life and is used for long duration rest?**
- A. Zaleplon (Sonata)**
 - B. Temazepam (Restoril)**
 - C. Dexedrine**
 - D. Zolpidem (Ambien)**
- 7. Type I DCS treatment plan**
- A. Type I DCS -> 2 hrs GLO, 24 hr observation -> recompression if sx recur**
 - B. Immediate surgery**
 - C. Oral steroids**
 - D. Bed rest only**
- 8. During REM sleep, which of the following describes the EEG and EMG characteristics and eye movements?**
- A. Dream sleep with EEG low voltage, high frequency, low EMG; eyes move rapidly**
 - B. Delta waves predominate; high EMG; no eye movement**
 - C. Beta activity with high EMG and no dreaming**
 - D. Theta waves with moderate EMG and no eye movement**
- 9. What frequently produces smoke in the cockpit?**
- A. Overheated electronic components**
 - B. Electrical wiring shorts**
 - C. Ruptured coolant lines resulting from either engine overheating or leaking fluid**
 - D. Cabin lighting**
- 10. Which type of exposure refers to immediate health effects from a toxin?**
- A. Chronic**
 - B. Acute**
 - C. Latent**
 - D. Cumulative**

Answers

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

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Explanations

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1. Which item is NOT listed as a MUST HAVE criterion for Acute Mountain Sickness?

- A. Recent gain in altitude**
- B. Several hours at altitude**
- C. Headache**
- D. Elevated blood pressure**

Acute Mountain Sickness is diagnosed when someone has recently ascended to altitude and develops headache plus at least one other symptom such as nausea/vomiting, fatigue, dizziness, or sleep disturbance. The important points are the recent altitude gain and the combination of headache with additional symptoms within hours to a day of ascent. Elevated blood pressure isn't part of the diagnostic criteria for AMS; blood pressure changes aren't specific to this condition and don't define it. So the item that isn't listed as a must-have criterion is elevated blood pressure.

2. In the Disturbance Stage of hypoxia, which of the following is NOT a typical symptom?

- A. Blurred vision**
- B. Slurred speech**
- C. Improved memory**
- D. Erratic flight control**

When the body enters the Disturbance Stage of hypoxia, the brain's function starts to falter due to reduced oxygen. This shows up as cognitive and motor deficits that impact flying performance. Visual processing becomes unreliable, so blurred vision can occur. Speech and coordination deteriorate, leading to slurred speech and difficulty maintaining precise flight control, which shows up as erratic flight control. Memory, on the other hand, does not improve under hypoxic stress—memory and overall cognitive clarity typically decline as oxygen deprivation worsens. So the symptom that does not fit this stage is an improvement in memory, since hypoxia tends to impair memory rather than enhance it.

3. Which of the following are common signs of motion sickness?

- A. Headache**
- B. Rash**
- C. Nausea, pallor, cold sweats**
- D. Dizziness only**

Motion sickness happens when the brain receives conflicting signals about motion from the eyes and inner ear, triggering autonomic responses. The most characteristic signs are nausea along with pallor (pale skin) and cold sweats, reflecting sympathetic activation. Nausea is the most prominent symptom, and the combination of pallor and sweating makes this trio the classic presentation. Headache can occur but isn't as specific, rash isn't related to motion sickness, and dizziness may occur but isn't the defining cluster of signs.

4. Which condition results when the focal point is behind the retina?

- A. Focus in front of retina**
- B. Focus on retina**
- C. Focus behind retina**
- D. No vision issues**

When the focal point lies behind the retina, the eye is farsighted (hyperopic). This happens when the eye is too short or its optical power is too weak, so light from even distant objects would focus behind the retina instead of on it. To see clearly, the eye would need extra refractive power (via accommodation) or you correct it with convex lenses that bring the focal point forward onto the retina. This differs from focusing in front of the retina (myopia) or exactly on the retina (emmetropia, no vision issues).

5. What is the effect of longer duration of the accelerating force?

- A. More severe effects**
- B. Less severe effects**
- C. No change**
- D. Immediate recovery**

Longer duration of the accelerating force increases the cumulative stress on the body. When acceleration is sustained, blood is pushed toward the lower body for a longer period, reducing return to the heart and lowering cerebral perfusion. The brain and other tissues receive less oxygen and nutrients as exposure continues, so symptoms progress from lightheadedness or gray-out to potential loss of consciousness as the duration lengthens. The body has finite tolerance to sustained G-forces, so extending the time under that force generally leads to more severe effects, whereas a brief exposure allows the body to cope better and recover quickly.

6. Which hypnotic/rest agent is noted for having a long half-life and is used for long duration rest?

- A. Zaleplon (Sonata)**
- B. Temazepam (Restoril)**
- C. Dexedrine**
- D. Zolpidem (Ambien)**

When choosing a hypnotic based on how long it will help you sleep, the key is how long the drug stays active in the body, i.e., its half-life. Longer-acting agents tend to sustain sleep through the night, while very short-acting ones are better for falling asleep but may not prevent early awakenings. Zaleplon and zolpidem are non-benzodiazepine hypnotics with short half-lives, so they're more suited to helping you fall asleep rather than staying asleep all night. Dexedrine is a stimulant, not a hypnotic. Temazepam is a benzodiazepine with a longer half-life than the Z-drugs, providing a more prolonged effect that supports longer duration rest, which is why it fits the "long half-life and long duration rest" description best among these options. Note that longer action can mean more next-day sedation, so this choice balances duration with potential daytime effects.

7. Type I DCS treatment plan

- A. Type I DCS -> 2 hrs GLO, 24 hr observation -> recompression if sx recur
- B. Immediate surgery
- C. Oral steroids
- D. Bed rest only**

Type I DCS is the mild form of decompression sickness, involving non-neurological symptoms such as musculoskeletal pain or cutaneous signs. The goal in this scenario is to manage symptoms conservatively and watch for any progression to a more severe form. Bed rest minimizes activity that could worsen symptoms and helps prevent progression while you arrange definitive treatment if needed. In Type I cases that do not progress, this approach can be sufficient, with more aggressive measures reserved for when symptoms persist or evolve into Type II DCS. Immediate surgery isn't indicated for DCS, since there isn't a surgical problem to fix, and oral steroids don't have a proven benefit for DCS management.

8. During REM sleep, which of the following describes the EEG and EMG characteristics and eye movements?

- A. Dream sleep with EEG low voltage, high frequency, low EMG; eyes move rapidly
- B. Delta waves predominate; high EMG; no eye movement**
- C. Beta activity with high EMG and no dreaming
- D. Theta waves with moderate EMG and no eye movement

REM sleep shows desynchronized, low-amplitude, mixed-frequency EEG activity similar to wakefulness, paired with near-total loss of muscle tone (very low EMG) and rapid eye movements. This combination—awake-like brain activity with active eyes but minimal body movement—defines REM sleep and aligns with the experience of dreaming. Delta waves indicate deep non-REM sleep (N3), where muscle tone is preserved and no rapid eye movements occur. Theta activity with moderate EMG and no eye movements fits lighter non-REM stages (N1/N2), which lack the rapid ocular activity of REM. Beta activity with high EMG and no dreaming describes an awake or highly aroused state, not sleep.

9. What frequently produces smoke in the cockpit?

- A. Overheated electronic components
- B. Electrical wiring shorts
- C. Ruptured coolant lines resulting from either engine overheating or leaking fluid**
- D. Cabin lighting

Smoky conditions in the cockpit are most often linked to the cooling or fluid systems coming into contact with hot engine areas. When coolant lines rupture or leak, the hot coolant spills onto hot engine components or exhaust areas. The fluid rapidly vaporizes and smokes, creating visible smoke and a distinctive odor. Engine overheating makes these lines more likely to fail, so a rupture from overheating or fluid leakage is a common source of cockpit smoke. While overheating electrical components or wiring faults can also produce smoke, they're less frequently encountered as the primary cause in typical cockpit smoke scenarios. Cabin lighting by itself would not generate smoke.

10. Which type of exposure refers to immediate health effects from a toxin?

A. Chronic

B. Acute

C. Latent

D. Cumulative

Immediate health effects from a toxin come from acute exposure—a single, brief encounter with a high dose that produces symptoms right away. This is the best fit because the question asks about effects that occur immediately. In contrast, chronic exposure involves repeated or long-term contact and leads to adverse health outcomes over months or years, not immediate ones. A latent period means there's a delay between exposure and the onset of symptoms, so symptoms may appear after a gap rather than right away. Cumulative exposure refers to the total amount of toxin accumulated in the body from repeated exposures, which increases risk but doesn't by itself describe immediate effects. For example, a sudden inhalation of an irritant gas can cause rapid coughing and chest discomfort, illustrating acute exposure.

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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://flightsurgeonmodb.examzify.com>

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

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