

FLIGHT SURGEON MODULE D PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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<https://flightsurgeonmodd.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. Which action best reflects flight readiness considerations for a patient with known coronary artery disease?**
 - A. Unstable symptoms
 - B. Medication nonadherence
 - C. No plan for diversion
 - D. Stable symptoms, controlled risk factors, medication adherence, and clear guidelines for diversion and landing

- 2. Which SpO2 range is considered normal at sea level in a healthy individual on room air?**
 - A. 95–100%
 - B. 88–92%
 - C. 90–94%
 - D. 95–100%

- 3. Which DA forms are completed by the Maintenance Pilot as necessary?**
 - A. DA Forms 2397-6, -7, and -12
 - B. DA Forms 2397-1, -2, and -3
 - C. DA Forms 2397-4, -5, and -6
 - D. DA Forms 2397-8, -9, and -10

- 4. What is a common consequence of low cabin humidity on mucous membranes?**
 - A. Mucosal drying and eye irritation
 - B. Increased nasal mucus production
 - C. No effect
 - D. Improved mucosal hydration

- 5. Causes of death include which term meaning the factor that started the whole sequence?**
 - A. Immediate
 - B. Intermediate
 - C. Proximate
 - D. Final

- 6. The Class 3 supplement list includes which item?**
- A. Ephedra
 - B. Kava
 - C. Edhedra /DMAA
 - D. Yohimbe
- 7. For non-fatal cases, how many gray tops and purple tops are typically used for specimen collection?**
- A. 2-3 Gray Tops and 1-2 Purple Tops
 - B. 1 Gray Top and 3 Purple Tops
 - C. 3-4 Gray Tops and 0 Purple Tops
 - D. 2 Gray Tops Only
- 8. Plasma donation downtime is which of the following?**
- A. 12 hours
 - B. 24 hours
 - C. 48 hours
 - D. 72 hours
- 9. Which statement about downtimes is true?**
- A. They are all 12hr
 - B. Simulator Sickness and CS Gas share 12hr
 - C. Centrifuge is 12hr
 - D. Edhedra /DMAA has 6hr downtime
- 10. What are the effects of hypercapnia on flight performance?**
- A. Headache, dizziness, impaired judgment, reduced reaction time, and possible altered consciousness
 - B. Improved cognitive function
 - C. Decreased heart rate without symptoms
 - D. No effect on performance

Answers

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

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Explanations

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1. Which action best reflects flight readiness considerations for a patient with known coronary artery disease?

- A. Unstable symptoms
- B. Medication nonadherence
- C. No plan for diversion
- D. Stable symptoms, controlled risk factors, medication adherence, and clear guidelines for diversion and landing**

Assessing flight readiness for a patient with known coronary artery disease hinges on current stability, risk factor control, medication adherence, and having a plan for diversion and landing. The best option reflects all of these elements: symptoms are stable, risk factors are controlled, medications are taken as prescribed, and there are clear guidelines for diverting to the nearest suitable airport and landing promptly if symptoms worsen. This combination minimizes in-flight cardiac risk and ensures access to definitive care in case of deterioration. Unstable symptoms suggest ongoing ischemia or acute coronary syndrome risk, making flying unsafe in this environment. Medication nonadherence increases the likelihood of a flare or sudden deterioration. And lacking a plan for diversion leaves crew and passenger without a defined path to urgent care, which is essential in aviation medicine.

2. Which SpO2 range is considered normal at sea level in a healthy individual on room air?

- A. 95–100%
- B. 88–92%
- C. 90–94%
- D. 95–100%**

SpO2 reflects how much of the hemoglobin in arterial blood is carrying oxygen. In a healthy person at sea level who is breathing room air, the oxygen in the lungs is sufficient to saturate most of the hemoglobin, so the reading sits in the high 90s up to 100%. Clinically, this normal range is about 95–100%. Values below 95% suggest possible low oxygen in the blood and should prompt further assessment; readings under about 90% are considered hypoxemic and require attention. Small variations can occur due to measurement factors, but the typical healthy baseline on room air is 95–100%.

3. Which DA forms are completed by the Maintenance Pilot as necessary?

- A. DA Forms 2397-6, -7, and -12**
- B. DA Forms 2397-1, -2, and -3
- C. DA Forms 2397-4, -5, and -6
- D. DA Forms 2397-8, -9, and -10

Maintenance pilots are responsible for certifying that an aircraft is safe to fly after maintenance, so they complete the DA forms that capture the post-maintenance checks, flight release decisions, and final release notes. The forms 2397-6, 2397-7, and 2397-12 are the ones designated for that responsibility, and they are only completed when such actions are required. This aligns with their role in ensuring flight readiness and proper documentation of flight-pertinent maintenance actions. Other DA 2397 forms are typically filled out by technicians or maintenance control to record the work performed, the discrepancies found, and the status of the maintenance, without the pilot's sign-off.

4. What is a common consequence of low cabin humidity on mucous membranes?

- A. Mucosal drying and eye irritation**
- B. Increased nasal mucus production
- C. No effect
- D. Improved mucosal hydration

Low cabin humidity dries out mucous membranes, especially the eyes and the airways. When the air is dry, water evaporates from the tear film on the surface of the eye and from the moist lining of the nose and throat. This rapid loss of moisture leads to irritation, a gritty or burning sensation, eye redness, and dryness in the nasal passages. It can also cause crusting and throat itchiness, and may slow or stress mucociliary clearance. So the common consequence is mucosal drying and eye irritation. Increased mucus production or improved hydration aren't typical outcomes in this dry environment, and no effect would be false.

5. Causes of death include which term meaning the factor that started the whole sequence?

- A. Immediate
- B. Intermediate
- C. Proximate**
- D. Final

In a sequence of events that leads to death, there's an initiating factor that starts the cascade. The term that names that starting trigger is proximate. It describes the event that sets the whole chain in motion, even though death may occur after a later, final event. The immediate cause is the last event that directly causes death (for example, septic shock or cardiac arrest), not the starting trigger. The other terms aren't used to designate the initiating factor in this context. Example: a ruptured appendix can start a cascade that leads to septic shock and death. The ruptured appendix is the proximate cause (the initiating factor), while septic shock is the immediate cause of death.

6. The Class 3 supplement list includes which item?

- A. Ephedra
- B. Kava
- C. Edhedra /DMAA**
- D. Yohimbe

Stimulants in dietary supplements pose real safety concerns for aircrew, especially regarding heart rate, blood pressure, and overall flight safety. The item identified includes DMAA, a stimulant that has been associated with serious cardiovascular events, which is why it's singled out for the Class 3 supplement list. The other options don't indicate a DMAA-containing product or carry the same regulatory concern in this context, so they aren't the item listed.

7. For non-fatal cases, how many gray tops and purple tops are typically used for specimen collection?

- A. 2-3 Gray Tops and 1-2 Purple Tops**
- B. 1 Gray Top and 3 Purple Tops
- C. 3-4 Gray Tops and 0 Purple Tops
- D. 2 Gray Tops Only

In non-fatal cases, collecting enough specimen volume while preserving different types of tests is key. Gray top tubes (fluoride-oxalate) are used for glucose and related chemistry because they stop glycolysis, so you typically draw multiple of these to have enough material for initial testing and possible repeats. Purple top tubes (EDTA) are used for complete blood count and other cellular analyses, so you collect a smaller number of these to provide a ready supply for hematology without over-collection. Putting these together, two to three gray tops and one to two purple tops give enough gray-top material for glucose/chemistry needs and a couple of purple-top samples for CBC and EDTA-based tests without unnecessary venipunctures.

8. Plasma donation downtime is which of the following?

- A. 12 hours
- B. 24 hours**
- C. 48 hours
- D. 72 hours

Downtime here refers to the deferral period before you can donate plasma again. During plasmapheresis, plasma is removed but your red blood cells are returned, so blood volume is restored relatively quickly. The body also works to bring plasma proteins back toward baseline, but the practical safety window is to wait about a day. A 24-hour minimum deferral provides time to recover from the donation, reduce the risk of dehydration or lightheadedness, and avoid a rapid repeat donation. Shorter than 24 hours isn't enough recovery for many donors, while longer gaps would unnecessarily limit donation frequency.

9. Which statement about downtimes is true?

- A. They are all 12hr
- B. Simulator Sickness and CS Gas share 12hr**
- C. Centrifuge is 12hr
- D. Edhedra /DMAA has 6hr downtime

Downtimes are the mandated rest periods after exposure to training stimuli to allow symptoms to subside and prevent impaired performance. In this set, simulator sickness and CS gas share a 12-hour downtime because their effects tend to resolve within about half a day, so both require a 12-hour recovery window before resuming flight duties. The other options either misstate the duration for centrifuge exposure or for ephedra/DMAA, which do not share the same 12-hour downtime. So, the pairing of simulator sickness and CS gas with a 12-hour downtime is the correct statement.

10. What are the effects of hypercapnia on flight performance?

- A. Headache, dizziness, impaired judgment, reduced reaction time, and possible altered consciousness
- B. Improved cognitive function
- C. Decreased heart rate without symptoms
- D. No effect on performance

Elevated CO₂ levels disrupt brain function and how the body regulates respiration, which directly harms flight performance. When CO₂ rises, cerebral blood flow increases (cerebral vasodilation) and the blood becomes more acidic, affecting neurons. This leads to symptoms like headache and dizziness and slows processing and decision making. As a result, judgment becomes impaired, reaction times are longer, and there is a real risk of progressing to altered consciousness with higher CO₂ levels. In flight, even mild hypercapnia can degrade situational awareness and control accuracy, increasing the chance of error. The other options don't fit because hypercapnia does not improve cognitive function, and it often causes sympathetic responses like increased heart rate rather than a decrease. It also does have measurable effects on performance, so saying there is no effect isn't accurate.

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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://flightsurgeonmodd.examzify.com>

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

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