

Foundations of Health Science 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. A patient reports feeling lightheaded and nauseated; this is an example of which data type?**
 - A. Objective data**
 - B. Administrative data**
 - C. Subjective data**
 - D. Diagnostic data**

- 2. What do the initials HMO stand for?**
 - A. Health Management Organization**
 - B. Health Maintenance Office**
 - C. Health Maintenance Organization**
 - D. Health Medical Organization**

- 3. What is the prefix for new?**
 - A. Paleo**
 - B. Uni**
 - C. Bi**
 - D. Neo**

- 4. What is the root word for red?**
 - A. Cardio**
 - B. Erythro**
 - C. Rhin**
 - D. Neo**

- 5. In primitive times, which source did witch doctors use for remedies to relieve pain or illness?**
 - A. Chemotherapeutic drugs**
 - B. Vaccines**
 - C. Herbs and plants**
 - D. Synthetic hormones**

- 6. Which option correctly expands the abbreviation PO?**
 - A. By mouth**
 - B. By vein**
 - C. Inhalation**
 - D. Topical**

- 7. Which discovery enabled physicians to diagnose diseases by viewing internal anatomy without invasive procedures?**
- A. Endoscopy**
 - B. Ultrasound**
 - C. X-ray imaging**
 - D. MRI**
- 8. What was the leading cause of death in the 16th century?**
- A. Heart disease**
 - B. Infection**
 - C. Cancer**
 - D. Malnutrition**
- 9. In medical shorthand, what does 'D/C' stand for?**
- A. Discontinue**
 - B. Do Not Continue**
 - C. Direct Charge**
 - D. Daily Care**
- 10. When communicating with a patient who is hard of hearing, the best approach is to:**
- A. Face them and speak clearly in short sentences**
 - B. Speak loudly from doorway**
 - C. Use medical jargon to explain**
 - D. Turn up the TV for context**

Answers

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

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Explanations

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1. A patient reports feeling lightheaded and nauseated; this is an example of which data type?

- A. Objective data**
- B. Administrative data**
- C. Subjective data**
- D. Diagnostic data**

The key idea here is distinguishing subjective data from other types of health information. When a patient describes how they feel, such as lightheadedness and nausea, that information is subjective data. It's based on the patient's personal experience and cannot be directly measured by a clinician. In contrast, objective data are observable and measurable—things like blood pressure, heart rate, or lab results. Administrative data refers to record-keeping details such as demographics and billing information, not symptoms. Diagnostic data consists of test results used to support a diagnosis, like imaging findings or specific lab values. So the patient's reported symptoms are best categorized as subjective data, since they come from the patient's own report rather than something you can directly measure.

2. What do the initials HMO stand for?

- A. Health Management Organization**
- B. Health Maintenance Office**
- C. Health Maintenance Organization**
- D. Health Medical Organization**

This item tests your knowledge of common healthcare acronyms used in practice. HMO stands for Health Maintenance Organization. It denotes a type of managed care organization that emphasizes preventive, coordinated care within a network. Members typically choose a primary care physician and need referrals for specialists, with services delivered through a defined network and often paid by capitation or negotiated rates. The established expansion is Health Maintenance Organization, while the other phrases—Management, Office, or Medical Organization—do not reflect the standard terminology used in health care settings.

3. What is the prefix for new?

- A. Paleo**
- B. Uni**
- C. Bi**
- D. Neo**

You're being tested on prefix meanings. The word that signifies new is neo-, from the Greek neos meaning new. In medical terms, neo- appears in words like neonatal (the newborn period) or neoplasm (a new growth), showing it directly conveys something "new" or recently formed. The other options map to different ideas: paleo- means ancient or old, uni- means one, and bi- means two. So neo- is the best fit because it specifically denotes new.

4. What is the root word for red?

- A. Cardio
- B. Erythro**
- C. Rhin
- D. Neo

Red in medical terminology is expressed by the combining form erythro-, which comes from the Greek word erythros meaning red. This root appears in terms like erythrocyte (a red blood cell) and erythroderma (red skin), making it the clear indicator of the color red. The other options point to different concepts: cardio- relates to the heart, rhin- to the nose, and neo- means new. So erythro- is the form that specifically conveys red.

5. In primitive times, which source did witch doctors use for remedies to relieve pain or illness?

- A. Chemotherapeutic drugs
- B. Vaccines
- C. Herbs and plants**
- D. Synthetic hormones

In primitive healing, remedies were drawn from what was available in the natural environment, especially herbs and plants. Early witch doctors relied on local flora, preparing decoctions, poultices, or other herbal preparations to ease pain and treat illness. Many plants contain active compounds that can reduce fever, relieve pain, or fight infection, so this approach made practical sense and formed the basis of traditional medicine passed down through generations. The other options reflect modern developments that weren't part of primitive practice. Chemotherapeutic drugs and synthetic hormones come from contemporary chemistry and physiology, not from early, field-based healing. Vaccines involve immune knowledge and controlled exposure to pathogens, a concept rooted in modern science. So these do not describe the remedies used by early practitioners.

6. Which option correctly expands the abbreviation PO?

- A. By mouth**
- B. By vein
- C. Inhalation
- D. Topical

PO expands to per os, a Latin term used in prescriptions to indicate the medication should be taken by mouth. This means you swallow the drug in the form of a tablet, capsule, or liquid, and it is absorbed through the gastrointestinal tract. It's different from routes like by vein (intravenous), inhalation, or topical (applied to the skin or mucous membranes). So, the correct interpretation is by mouth.

7. Which discovery enabled physicians to diagnose diseases by viewing internal anatomy without invasive procedures?

- A. Endoscopy**
- B. Ultrasound**
- C. X-ray imaging**
- D. MRI**

Viewing internal anatomy without surgery relies on imaging that turns what's inside into pictures. The breakthrough was the discovery of X-ray imaging by Wilhelm Röntgen in 1895. Radiographs let doctors see bones and other structures through the body without making an incision, enabling rapid diagnosis of injuries and diseases. This noninvasive view established radiology as a key diagnostic field and opened the door to countless uses in medicine. Other options involve either inserting instruments into the body (endoscopy) or rely on different physical principles (ultrasound using sound waves, MRI using magnetic fields) and were developed after X-rays, so they didn't represent the foundational discovery that first made internal noninvasive viewing possible.

8. What was the leading cause of death in the 16th century?

- A. Heart disease**
- B. Infection**
- C. Cancer**
- D. Malnutrition**

In populations without modern medicine, infectious disease drives most deaths because there are no antibiotics or vaccines to prevent or treat them, and sanitation and living conditions can amplify spread. In the 16th century, outbreaks of diseases like smallpox, measles, tuberculosis, typhus, and occasional plague repeatedly swept through communities, often killing large numbers, including children who were particularly vulnerable. Chronic illnesses such as heart disease or cancer require longer lifespans to become common, and many people did not live long enough for these conditions to be the primary cause of death. Malnutrition worsened people's chances by weakening the immune system, but the immediate killer in many cases was an infection that the body couldn't effectively combat. Therefore, infectious disease stands out as the leading cause of death in that era.

9. In medical shorthand, what does 'D/C' stand for?

- A. Discontinue**
- B. Do Not Continue**
- C. Direct Charge**
- D. Daily Care**

In medical shorthand, D/C is used to indicate that something should be stopped, specifically to discontinue a medication, therapy, or plan. This is why the best answer is discontinue: clinicians write D/C to signal the team to halt that drug or treatment. The other options don't fit standard clinical usage: Do Not Continue isn't a common brief form in orders, Direct Charge isn't a medical term used in patient care, and Daily Care isn't a designated abbreviation for stopping a regimen. Note that some contexts use DC to mean discharge, but when you see D/C in charting or orders, it most often means discontinue.

10. When communicating with a patient who is hard of hearing, the best approach is to:

- A. Face them and speak clearly in short sentences**
- B. Speak loudly from doorway**
- C. Use medical jargon to explain**
- D. Turn up the TV for context**

When communicating with a patient who has hearing loss, being face-to-face helps them read your lips and observe facial cues, which supports understanding. Speaking clearly in short, simple sentences at a moderate pace reduces background noise and cognitive load, making the message easier to follow. Shouting from a doorway isn't effective because it often distorts speech and doesn't provide the visual cues that aid comprehension. Turning up the TV adds background noise without improving how the message is delivered. After explaining, check that they understood by asking them to paraphrase or summarize, and offer written materials or assistive devices if needed.

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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://foundationsofhealthscience.examzify.com>

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

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