

HAS 110 – PATIENT MOVEMENT FUNDAMENTALS PRACTICE EXAM (SAMPLE) STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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 system is used to regulate and command evacuation?**
 - A. TRAC2ES
 - B. AF Form 3899
 - C. AECO Net
 - D. DoD Mobility System

- 2. Which patient positioning helps prevent aspiration in those with swallowing difficulties?**
 - A. Upright or semi-upright (high Fowler's)
 - B. Supine with head turned to the side
 - C. Prone
 - D. Lying on the stomach

- 3. In-Transit Visibility (ITV) is used to track which aspect?**
 - A. Track the planned itinerary and last reported location of patients from origination MTF to final destination
 - B. Enter ITV events for discharge
 - C. Use ITV to update bed reporting
 - D. Provide weather updates during transit

- 4. In evacuation planning, which factor helps planning routes to pick up casualties from more than one site?**
 - A. NBC Contamination
 - B. Security of Pickup area
 - C. Location of the Pickup-site
 - D. Casualty Nationality and Status

- 5. Which category requires evacuation within 2 hours to the nearest surgical unit?**
 - A. Within 2 hours to the nearest surgical unit.
 - B. Within 4 hours for any unit.
 - C. Immediate life-saving; within 30 minutes.
 - D. Within 6 hours.

- 6. Which of the following aircraft are named as suitable for Aeromedical Evacuation?**
- A. C-27J
 - B. UH-60
 - C. C-9
 - D. C-130
- 7. Which hazard category is specifically addressed in evacuation planning to protect crews?**
- A. Night Visibility
 - B. Aircraft Fuel Odor
 - C. Extreme Cold
 - D. NBC Contamination
- 8. The Patient Movement Clerk's responsibilities include which of the following actions?**
- A. Providing the ward nurse with flight departure time and place
 - B. Gathering all patient documents and records
 - C. Arranging for pick-up of in-flight medications
 - D. All of the above
- 9. Which characteristic applies to MEDEVAC vehicles?**
- A. Standardized and dedicated vehicles providing en-route patient care
 - B. Non-standardized vehicles with no on-board care
 - C. Vehicles that can only carry supplies
 - D. Only armored transport
- 10. Which TPMRC is described as regulating patient movement within CONUS?**
- A. TPMRC-A
 - B. TPMRC-E
 - C. TPMRC-W
 - D. JPMRC

Answers

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

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Explanations

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1. Which system is used to regulate and command evacuation?

- A. TRAC2ES**
- B. AF Form 3899
- C. AECO Net
- D. DoD Mobility System

TRAC2ES is the DoD system that coordinates and commands patient evacuation. It serves as the centralized tool for requesting, planning, and tracking evacuees, coordinating medical requirements and staffing, and scheduling air and ground transportation across the entire evacuation chain. This visibility and control lets medical and transportation teams move patients efficiently while ensuring care needs are met along the way. Using a form like AF Form 3899 is part of the process to initiate movement, but it doesn't regulate or command evacuation by itself. Other networks or systems, such as AECO Net or the DoD Mobility System, support operations in different ways, but TRAC2ES is the designated system for managing and directing evacuation movements.

2. Which patient positioning helps prevent aspiration in those with swallowing difficulties?

- A. Upright or semi-upright (high Fowler's)**
- B. Supine with head turned to the side
- C. Prone
- D. Lying on the stomach

Keeping someone upright during meals uses gravity to keep the swallowed material moving toward the stomach and away from the airway. When a patient is in an upright or high Fowler's position, the esophagus aligns more effectively with the stomach, swallowing mechanics work more efficiently, and reflux or residual material is less likely to reach the laryngeal opening. In contrast, lying flat or on the stomach allows secretions or food to pool near the back of the throat, increasing the chance that material can be aspirated into the airway. Turning the head to the side while lying down doesn't offer the same level of protection during swallowing for those with dysphagia and can still permit material to enter the airway. Therefore, the upright or semi-upright position is the best choice to minimize aspiration risk during feeding.

3. In-Transit Visibility (ITV) is used to track which aspect?

- A. Track the planned itinerary and last reported location of patients from origination MTF to final destination**
- B. Enter ITV events for discharge
- C. Use ITV to update bed reporting
- D. Provide weather updates during transit

In-transit visibility is about keeping real-time track of a patient as they move from the origin Military Treatment Facility to the final destination. It specifically tracks the planned travel itinerary and the most recent location reported for the patient during transport, across all legs and modes, so staff can coordinate handoffs and monitor progress. It's not about discharge events, bed reporting, or weather updates, which fall outside ITV's purpose.

4. In evacuation planning, which factor helps planning routes to pick up casualties from more than one site?

- A. NBC Contamination
- B. Security of Pickup area
- C. Location of the Pickup-site**
- D. Casualty Nationality and Status

The test is asking what placement of a pickup point best enables collecting casualties from multiple sites. When the pickup-site is located to serve several nearby sites—essentially a central hub or rendezvous point—it makes it feasible to design a single route that visits those sites in sequence and brings everyone back to care facilities efficiently. The geographic position of that pickup-site directly influences travel time, backtracking, and how many sites can be serviced in one trip. If the pickup-site is well-positioned to reach several sites quickly, routing can be planned to sweep multiple locations before detouring to the medical facility, which is the core advantage here. Other factors like NBC contamination, security of the pickup area, or casualty nationality and status are important considerations in evacuation operations, but they do not by themselves determine the ability to plan routes that cover more than one site.

5. Which category requires evacuation within 2 hours to the nearest surgical unit?

- A. Within 2 hours to the nearest surgical unit.**
- B. Within 4 hours for any unit.
- C. Immediate life-saving; within 30 minutes.
- D. Within 6 hours.

This item tests the time-to-evacuation guideline for patients who need surgical care but are not in immediate life danger. For those patients, the category calls for moving them within two hours to the nearest surgical unit so they can receive definitive surgical treatment promptly without unnecessary delay. This timing strikes a balance between rapid access to a facility equipped for surgery and the practicalities of transport, unlike the immediate life-saving category, which requires care within about 30 minutes to stabilize a patient before transport. The options that suggest four hours for any unit or six hours do not emphasize getting the patient to a surgical-capable facility within a tight two-hour window, so they're not the correct match.

6. Which of the following aircraft are named as suitable for Aeromedical Evacuation?

- A. C-27J
- B. UH-60
- C. C-9
- D. C-130**

Aeromedical Evacuation relies on an airframe that can move multiple patients quickly over distance while providing in-flight medical care. The C-130 Hercules fits this role best because it has a large, accessible cabin with a rear loading ramp, ample space for litters and ambulatory patients, room for medical teams and equipment, and strong range with the ability to operate from austere airfields. These attributes make it the aircraft most commonly named for Aeromedical Evacuation in training and doctrine. The other options have MEDEVAC roles in various contexts, but they don't match the same fixed-wing, high-capacity AE capability as the C-130: helicopters like the UH-60 are excellent for rapid, on-scene evacuation and access to tight areas, but carry fewer patients and aren't the standard fixed-wing AE platform; the C-27J is smaller with less patient capacity; and the C-9 Nightingale is an older MEDEVAC aircraft not emphasized as the primary AE asset in contemporary practice.

7. Which hazard category is specifically addressed in evacuation planning to protect crews?

- A. Night Visibility
- B. Aircraft Fuel Odor
- C. Extreme Cold
- D. NBC Contamination**

In evacuation planning for crews, the focus is on hazards that could contaminate people or surfaces and require specialized steps to prevent exposure. NBC contamination (nuclear, biological, or chemical hazards) is addressed specifically because these threats can linger and spread, making conventional evacuation unsafe unless routes are controlled, decontamination is available, and protective equipment and procedures are in place. This category drives the need for establishing contamination boundaries, rapid decontamination, and protective measures to keep crews safe as they move. Other hazards—like poor night visibility, aircraft fuel odors, or extreme cold—can affect movement, but they don't inherently demand the same level of contamination control and decontamination procedures that NBC hazards require, so NBC contamination is the best fit for evacuation planning to protect crews.

8. The Patient Movement Clerk's responsibilities include which of the following actions?

- A. Providing the ward nurse with flight departure time and place
- B. Gathering all patient documents and records
- C. Arranging for pick-up of in-flight medications
- D. All of the above**

The main idea is that a Patient Movement Clerk coordinates every detail that lets a patient move safely and on schedule, acting as the link between the clinical team and the transport process. Providing the ward nurse with flight departure time and place ensures everyone knows when and where the patient will depart, enabling proper readiness, handoff, and bed management. Gathering all patient documents and records guarantees that the medical team taking over during transport has the necessary history, charts, and consent forms to continue care without interruption. Arranging for pick-up of in-flight medications makes sure the patient's medications are available, properly labeled, and ready to administered in transit, avoiding gaps in treatment and ensuring safety. Since the clerk handles scheduling, documentation, and medication logistics together, all of these actions are part of the role.

9. Which characteristic applies to MEDEVAC vehicles?

- A. Standardized and dedicated vehicles providing en-route patient care**
- B. Non-standardized vehicles with no on-board care
- C. Vehicles that can only carry supplies
- D. Only armored transport

MEDEVAC vehicles are standardized and dedicated to medical evacuation, built and equipped to deliver patient care while the patient is being transported. They have trained medical crews on board and use consistent equipment and procedures so care can continue seamlessly from the pickup point to the medical facility. This en-route care sets MEDEVAC apart from other transport options. Non-standardized or non-medical transports lack on-board care, so they don't provide the continuous medical support needed during movement. Vehicles that carry only supplies don't offer patient care en route, and armored transport focuses on protection rather than medical care. Therefore, the best description is standardized, dedicated vehicles providing en-route patient care.

10. Which TPMRC is described as regulating patient movement within CONUS?

A. TPMRC-A

B. TPMRC-E

C. TPMRC-W

D. JPMRC

The main idea is that TPMRCs are regional hubs that plan and regulate patient movement for a specific geographic area. For movements within the Continental United States, the center that oversees this is the TPMRC for the Americas. It coordinates medical evacuation planning, bed availability, and transportation across CONUS facilities, working with airlift and ground transport assets as needed. The other centers serve different regions (for example, Europe) or operate at a joint level to support movement across theaters (the JPMRC), which is not the regional CONUS regulator. So the Americas TPMRC is the one responsible for patient movement inside CONUS.

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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:

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

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