Medical History Competency 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

1. Which disease is classically associated with parotid gland swelling and fever?

A. Measles

B. Varicella

C. Hepatitis A

D. Mumps

2. What does pack-years quantify in tobacco exposure history?

A. The current nicotine level in blood.

B. The number of times the patient has smoked in life.

C. The average cigarette nicotine content.

D. The product of packs smoked per day and years of smoking.

3. Which of the following best describes triggers that can provoke angina?

A. None of the above

B. Cold weather

C. Allergic reaction

D. Stress, exertion, emotion, heavy meal, anxiety

4. What follow-up questions should you ask a patient when they indicate a history of diabetes?

A. Did they eat that day? When did they eat? Schedule these patients early in the day. What is their FPG? What was their most recent HbA1c, and when was it taken?

B. Do they have a history of hypertension, smoking, and allergies to latex?

C. Have they had dental X-rays recently?

D. Are they currently taking their diabetes medications as prescribed?

5. How should the history of sexual activity be approached in the context of STI prevention and family planning?

A. Only ask about pregnancy intentions.

B. Confidential, nonjudgmental; assess risk, condom use, partner status, pregnancy intentions, vaccination.

C. Ignore sexual history.

D. Ask in public, judge.

6. Which drug is listed as a medication used to treat tuberculosis?

- **A. Isoniazid (INH)**
- **B. Penicillin G**
- **C. Acetaminophen**
- **D. Metformin**

7. Which hepatitis viruses are transmitted via the fecal-oral route?

- **A. Hepatitis A and Hepatitis E**
- **B. Hepatitis B and Hepatitis C**
- **C. Hepatitis D**
- **D. Hepatitis A and Hepatitis B**

8. Why is reproductive history important in female patients and what key elements should be documented?

- **A. Menstrual history, pregnancy history, contraception, menopause status; includes prior complications and fertility.**
- **B. Menstrual history includes only cycle length.**
- **C. Only contraception history.**
- **D. Only pregnancy history.**

9. Emphysema affects which part of the lungs first?

- **A. Bronchi**
- **B. Pleura**
- **C. Alveoli**
- **D. Trachea**

10. What does FPG stand for?

- **A. Fasting Plasma Glucose**
- **B. Fasting Peptide Growth**
- **C. Fetal Plasma Glucose**
- **D. Functional Plasma Gauge**

Answers

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

Explanations

1. Which disease is classically associated with parotid gland swelling and fever?

A. Measles

B. Varicella

C. Hepatitis A

D. Mumps

Parotid gland swelling with fever points to parotitis from mumps, an infection caused by a paramyxovirus that famously inflames the salivary glands. The hallmark is painful swelling in front of the ear or jaw, which may be bilateral and is often accompanied by fever and malaise. This distinguishes mumps from other febrile illnesses: measles tends to present with cough, coryza, conjunctivitis, and a spreading rash; varicella shows a vesicular rash in various stages; hepatitis A mainly brings fever with jaundice and liver-related symptoms rather than focal salivary gland swelling. Vaccination with the MMR vaccine reduces the risk of mumps.

2. What does pack-years quantify in tobacco exposure history?

A. The current nicotine level in blood.

B. The number of times the patient has smoked in life.

C. The average cigarette nicotine content.

D. The product of packs smoked per day and years of smoking.

Pack-years quantify cumulative tobacco exposure by combining how much and how long a person has smoked. It multiplies the average number of cigarette packs smoked per day by the number of years the person has smoked, yielding a score that reflects lifetime exposure. This helps estimate risk for smoking-related diseases like COPD and lung cancer. For example, smoking one pack per day for 20 years equals 20 pack-years; smoking two packs per day for 15 years equals 30 pack-years. It is not a measure of nicotine level in the blood, nor simply a count of smoking events, nor an average nicotine content of cigarettes, but a composite that reflects both intensity and duration of smoking.

3. Which of the following best describes triggers that can provoke angina?

A. None of the above

B. Cold weather

C. Allergic reaction

D. Stress, exertion, emotion, heavy meal, anxiety

Angina is caused by an imbalance between the heart muscle's oxygen supply and its demand. Triggers are factors that raise the heart's workload or limit its blood supply, so they can provoke chest pain in people with coronary artery disease. The best-described triggers are those that commonly increase myocardial oxygen demand or alter circulation during daily activities: physical exertion raises heart rate and contractility; emotional stress and anxiety boost sympathetic tone, raising heart rate and blood pressure; a heavy meal can divert blood flow to the gut and increase overall workload; and the combination of these factors makes angina more likely. While cold weather can also trigger angina by causing vasoconstriction and heightened demand, the listed set captures the broad, everyday triggers clinicians most often recognize. Allergic reactions are not typical triggers for classic angina, though rare scenarios can have different mechanisms.

4. What follow-up questions should you ask a patient when they indicate a history of diabetes?

A. Did they eat that day? When did they eat? Schedule these patients early in the day. What is their FPG? What was their most recent HbA1c, and when was it taken?

B. Do they have a history of hypertension, smoking, and allergies to latex?

C. Have they had dental X-rays recently?

D. Are they currently taking their diabetes medications as prescribed?

When a patient indicates a history of diabetes, the most actionable follow-up in a dental or oral-health visit is to ask about recent dental imaging. Recent dental X-rays provide a current snapshot of bone health, periodontal status, and any periapical disease or hidden pathology. This information is crucial because diabetes can slow healing and increase infection risk, so knowing exactly what's already documented in imaging helps you plan treatment safely and effectively—whether you're scheduling extractions, periodontal therapy, or surgical procedures, and it also guides decisions about staging care or coordinating with the patient's medical team. Asking about imaging directly informs the immediate clinical plan. Other questions, like what the patient ate that day, their latest lab results, or their broader medical history, are important in different contexts, but they don't provide the same direct, actionable insight for planning dental treatment in someone with diabetes.

5. How should the history of sexual activity be approached in the context of STI prevention and family planning?

A. Only ask about pregnancy intentions.

B. Confidential, nonjudgmental; assess risk, condom use, partner status, pregnancy intentions, vaccination.

C. Ignore sexual history.

D. Ask in public, judge.

Approaching sexual history for STI prevention and family planning starts with creating a confidential, nonjudgmental space where the patient feels safe to share. The goal is to gather information that directly informs risk and prevention: what sexual activities are occurring, the number and types of partners, consistency of condom or other barrier use, partner's STI status or risk, pregnancy intentions, and vaccination status. This full picture lets you tailor counseling and interventions—recommending appropriate STI screening, offering contraception options, and addressing needed vaccinations (such as HPV to reduce cervical and other cancers, and hepatitis B when indicated). Focusing only on pregnancy intentions misses key risk factors and protective practices, while ignoring sexual history misses important clues about exposure and prevention needs. Discussing sex in public or judging patients undermines trust and honest reporting, reducing the effectiveness of care.

6. Which drug is listed as a medication used to treat tuberculosis?

A. Isoniazid (INH)

B. Penicillin G

C. Acetaminophen

D. Metformin

Identifying a drug used to treat tuberculosis hinges on recognizing a first-line anti-TB medication and understanding its mechanism. Isoniazid is a cornerstone TB drug. It is a prodrug that's activated by the mycobacterial enzyme KatG; once activated, it inhibits the synthesis of mycolic acids, which are essential components of the mycobacterial cell wall. Without mycolic acids, the cell wall is compromised, and actively dividing Mycobacterium tuberculosis are killed. Because of its potency and role in standard short-course therapy, isoniazid is routinely used in combination with other anti-TB drugs to prevent resistance. By contrast, Penicillin G targets peptidoglycan in many bacteria but is not effective against the lipid-rich, resistant TB bacillus; acetaminophen has no antimicrobial activity, and metformin is an antidiabetic medication with no TB activity.

7. Which hepatitis viruses are transmitted via the fecal-oral route?

A. Hepatitis A and Hepatitis E

B. Hepatitis B and Hepatitis C

C. Hepatitis D

D. Hepatitis A and Hepatitis B

Fecal-oral transmission occurs when viruses shed in feces contaminate food or water that is ingested. Hepatitis A and Hepatitis E are classic examples of this route, often linked to contaminated water or undercooked foods and usually presenting as acute infections. In contrast, Hepatitis B and C are mainly spread through blood and body fluids, not by ingestion of contaminated food or water. Hepatitis D is a defective virus that requires Hepatitis B to replicate, so its transmission mirrors HBV rather than fecal-oral routes. So, Hepatitis A and Hepatitis E are the ones transmitted via the fecal-oral pathway.

8. Why is reproductive history important in female patients and what key elements should be documented?

A. Menstrual history, pregnancy history, contraception, menopause status; includes prior complications and fertility.

B. Menstrual history includes only cycle length.

C. Only contraception history.

D. Only pregnancy history.

Documenting reproductive history is essential because it directly informs risk assessment, diagnostic reasoning, and management across many aspects of care. A woman's reproductive timeline affects how we interpret symptoms, choose tests, and plan treatments, especially when medications could be teratogenic, when pregnancy potential is a factor, or when hormonal influences alter disease expression. The key elements to capture include the menstrual history (cycle regularity, length, flow, age at menarche, symptoms such as dysmenorrhea or heavy bleeding), pregnancy history (number of pregnancies, outcomes like live births, miscarriages, ectopic pregnancies, and any obstetric complications), contraception history (current method, prior methods, effectiveness, adherence, and any contraindications), and menopause status (age at menopause, current symptoms, and any hormone therapy). Including prior complications and fertility concerns helps anticipate future risks, plan for family planning or fertility counseling, and tailor care to the patient's reproductive trajectory. Focusing on any single element misses important context and can lead to gaps in safety and quality of care.

9. Emphysema affects which part of the lungs first?

A. Bronchi

B. Pleura

C. Alveoli

D. Trachea

Emphysema primarily destroys the distal air-exchange units of the lung. The alveoli, where gas exchange happens, lose their walls and elastic tissue due to an excess of protease activity relative to antiproteases. This wall destruction enlarges the air spaces, reduces the surface area for oxygen and carbon dioxide diffusion, and impairs elastic recoil, leading to air trapping. Because the disease targets the alveolar walls first, the alveoli are the structures affected before the larger conducting airways (bronchi, trachea) or the pleural lining.

10. What does FPG stand for?

A. Fasting Plasma Glucose

B. Fasting Peptide Growth

C. Fetal Plasma Glucose

D. Functional Plasma Gauge

Fasting Plasma Glucose is a blood test that measures how much glucose is in the blood after a period of fasting, typically about 8 hours. This helps assess how well the body's insulin is working and whether someone has normal glucose regulation, impaired fasting glucose, or diabetes. It’s performed with the patient in a fasting state so that recent meals don’t raise the glucose level and skew the result. The other proposed terms aren’t standard clinical tests: Fasting Peptide Growth isn’t a recognized diagnostic test, Fetal Plasma Glucose isn’t used as a routine measure, and Functional Plasma Gauge isn’t a medical test. So the correct expansion is Fasting Plasma Glucose.

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://medhistorycompetency.examzify.com

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