

MEDICAL HISTORY COMPETENCY PRACTICE TEST (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. FPG is taken daily. Which option lists the correct frequency?**
 - A. Weekly
 - B. Monthly
 - C. Annually
 - D. Daily

- 2. Fen-Phen and Redux were used for which purpose?**
 - A. To treat weight loss
 - B. To treat cardiovascular disease
 - C. To treat infections
 - D. To treat allergies

- 3. How should you assess nonprescribed or illicit drug use within a safe, confidential interview?**
 - A. Ask only about prescription medications.
 - B. Avoid discussing illicit drugs.
 - C. Screen with brief questions, specify substances, frequency, route, last use; provide resources if positive.
 - D. Use strict legal risk assessment.

- 4. Reactivation of which virus can cause shingles?**
 - A. Herpes simplex virus
 - B. Epstein-Barr virus
 - C. Varicella-Zoster virus
 - D. Cytomegalovirus

- 5. What is a sensitive approach to taking a sexual history, including pregnancy intention and contraception?**
 - A. Ask about contraception only.
 - B. In a public setting, with a surface-level discussion.
 - C. Ask about sexual activity, partners, pregnancy plans, contraception, and STI risk.
 - D. Do not discuss contraception or pregnancy plans.

- 6. Which symptom is most characteristic of a blocked salivary duct due to a sialolith?**
- A. Painful swelling that worsens with meals
 - B. Bilateral swelling without pain
 - C. Koplik spots
 - D. Rash
- 7. Hemophilia C involves deficiency of which clotting factor?**
- A. Factor XII
 - B. Factor VIII
 - C. Factor IX
 - D. Factor XI
- 8. Which of the following are examples of this medication used to treat osteoporosis?**
- A. Fosamax, Boniva, Actonel, Reclast (IV)
 - B. Calcium carbonate supplements
 - C. Metformin
 - D. Lisinopril
- 9. Which conditions can cause acid reflux and erosion of teeth, and where would you see this clinically?**
- A. Vomiting from eating disorders, alcohol misuse, and pregnancy
 - B. Frequent spicy foods
 - C. Poor oral hygiene
 - D. Drinking water
- 10. What approach is recommended when evaluating a patient with multiple health issues to improve care?**
- A. Focus only on the most recent problem
 - B. Use a structured approach, including chief concerns, review of systems, medications, and risk factors
 - C. Skip review of systems
 - D. Limit to one paragraph

Answers

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

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Explanations

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1. FPG is taken daily. Which option lists the correct frequency?

- A. Weekly
- B. Monthly
- C. Annually
- D. Daily**

Frequency terms show how often something happens. Daily means every day, weekly means once per week, monthly means once per month, and annually means once per year. Since the statement specifies that FPG is taken daily, the frequency is every day. The other options describe less frequent intervals and would not match a daily schedule.

2. Fen-Phen and Redux were used for which purpose?

- A. To treat weight loss**
- B. To treat cardiovascular disease
- C. To treat infections
- D. To treat allergies

Both Fen-Phen and Redux were used to promote weight loss by suppressing appetite. Fen-Phen is a combination of fenfluramine and phentermine, while Redux is dexfenfluramine, an appetite-suppressing drug. They were prescribed to help people lose weight, rather than to treat infections, allergies, or cardiovascular disease. (Note: safety concerns later emerged about heart valve disease with these drugs, leading to withdrawal from use.)

3. How should you assess nonprescribed or illicit drug use within a safe, confidential interview?

- A. Ask only about prescription medications.
- B. Avoid discussing illicit drugs.
- C. Screen with brief questions, specify substances, frequency, route, last use; provide resources if positive.**
- D. Use strict legal risk assessment.

To assess nonprescribed or illicit drug use effectively, you want a concise, structured interview that is nonjudgmental and keeps confidentiality in focus. The best approach is to screen with brief questions that name the substances, ask about frequency, route of administration, and when the last use occurred, and then connect the patient to appropriate resources if the screen is positive. This method quickly yields precise, clinically useful information about risk and health impact, such as potential drug-medication interactions, effects on mental status, or safety concerns, and it guides next steps like counseling, brief intervention, or referrals. Why this works is that it captures the full picture of use without making the patient feel defensive or unduly worried about legal consequences, which can happen if the focus shifts to risk or legality first. It also ensures you're not missing substances that could affect treatment, even if they aren't prescribed. If the patient reports recent use, you can tailor harm-reduction strategies, overdose prevention, and connections to treatment or specialty care. In contrast, asking only about prescription medications or avoiding the topic of illicit drugs misses important health information and risks, while a strictly legal-risk framework diverts attention from clinical care and patient safety. If you get a positive screen, offering resources and follow-up demonstrates a practical, patient-centered path forward.

4. Reactivation of which virus can cause shingles?

- A. Herpes simplex virus
- B. Epstein-Barr virus
- C. Varicella-Zoster virus**
- D. Cytomegalovirus

Shingles arises when the varicella-zoster virus, which lies dormant after the initial chickenpox infection, reactivates. This virus hides in the dorsal root or cranial nerve ganglia and, upon reactivation, travels along a sensory nerve to the skin, producing a painful, unilateral vesicular rash confined to a dermatome. Other herpesviruses don't cause the classic shingles presentation: herpes simplex reactivates mainly as cold sores or genital lesions, cytomegalovirus and Epstein-Barr virus have different reactivation patterns and illnesses, particularly in people with weakened immune systems. The specific reactivation that leads to the shingles rash is characteristic of the varicella-zoster virus.

5. What is a sensitive approach to taking a sexual history, including pregnancy intention and contraception?

- A. Ask about contraception only.
- B. In a public setting, with a surface-level discussion.
- C. Ask about sexual activity, partners, pregnancy plans, contraception, and STI risk.**
- D. Do not discuss contraception or pregnancy plans.

A sensitive sexual history is collected in a private, confidential, and nonjudgmental way that treats sexuality as a routine part of health care. The best approach invites discussion about sexual activity and partners, pregnancy intentions, contraception, and risk for sexually transmitted infections, so you can understand the patient's goals and safety needs. This comprehensive, patient-centered framing matters because pregnancy plans and contraception choices directly influence medical decisions, preventive care, and counseling. By discussing all these areas together, you gain a full picture of how to support the patient—whether that means planning for pregnancy, choosing an effective contraception method, or arranging appropriate STI screening and education. If you only ask about contraception, you miss pregnancy intentions and STI risk. A discussion in a public or non-private setting isn't conducive to honesty and comfort, and avoiding contraception or pregnancy plans leaves critical information out of the clinical picture. Use open-ended questions, normalize the topic as part of routine care, and emphasize confidentiality to help patients feel at ease sharing sensitive details.

6. Which symptom is most characteristic of a blocked salivary duct due to a sialolith?

- A. Painful swelling that worsens with meals**
- B. Bilateral swelling without pain
- C. Koplik spots
- D. Rash

When a stone blocks a salivary duct, drainage is impeded and the affected gland becomes distended and painful. This aligns with the physiology: chewing and eating stimulate more saliva, so the blocked duct experiences increased pressure as saliva production rises, making the pain and swelling worse with meals. That meal-related aggravation is the hallmark feature of sialolith-induced duct obstruction. In contrast, Koplik spots point to measles, a rash can have many causes, and bilateral swelling without pain is less specific and not typical of a discrete duct obstruction. So the symptom that best fits a blocked salivary duct due to a sialolith is painful swelling that worsens with meals.

7. Hemophilia C involves deficiency of which clotting factor?

- A. Factor XII
- B. Factor VIII
- C. Factor IX
- D. Factor XI**

Hemophilia C is defined by deficiency of Factor XI, a component of the intrinsic coagulation pathway. Factor XI helps amplify thrombin generation by activating Factor IX in a calcium-dependent step, so when it's deficient, clot formation is less efficient and bleeding can occur, especially after surgery or trauma, though it's often milder than the bleeding seen with other hemophilias. This contrasts with Hemophilia A and B, which are due to deficiencies of Factor VIII and Factor IX and are typically more prominent and X-linked, while Factor XII deficiency generally does not cause clinical bleeding. So the factor whose deficiency defines Hemophilia C is Factor XI.

8. Which of the following are examples of this medication used to treat osteoporosis?

- A. Fosamax, Boniva, Actonel, Reclast (IV)**
- B. Calcium carbonate supplements
- C. Metformin
- D. Lisinopril

The key idea is recognizing a medication class that directly slows bone loss in osteoporosis. These drugs are bisphosphonates, which work by binding to bone surfaces and inhibiting osteoclasts, the cells that break down bone. By reducing bone resorption, they help increase bone density and lower the risk of fractures, especially in the spine and hip. Examples include Fosamax (alendronate), Boniva (ibandronate), Actonel (risedronate), and Reclast (zoledronic acid). They can be given orally or intravenously, allowing flexible dosing based on the patient's needs. Calcium carbonate supplements provide minerals to support bone health but don't directly suppress bone resorption, so they aren't the same category as these medications. Metformin is used for diabetes, and Lisinopril is an ACE inhibitor used for blood pressure and certain heart conditions—neither treats osteoporosis through inhibiting bone breakdown.

9. Which conditions can cause acid reflux and erosion of teeth, and where would you see this clinically?

- A. Vomiting from eating disorders, alcohol misuse, and pregnancy**
- B. Frequent spicy foods
- C. Poor oral hygiene
- D. Drinking water

Gastric acid contacting tooth enamel repeatedly erodes it. When vomiting or reflux brings stomach acid into the mouth, enamel dissolves, and certain conditions make this more likely: vomiting from eating disorders with purging, alcohol-related gastritis and reflux, and pregnancy, where hormonal changes relax the lower esophageal sphincter and increase reflux episodes. Clinically you'd see erosive tooth wear most prominently on the palatal (tongue-facing) surfaces of the upper front teeth, often appearing as smooth, glossy, cupped lesions that can progress toward the dentin. The pattern can be symmetric and related to chronic vomiting or reflux; you might also notice signs of frequent vomiting, such as a callus on the back of the hands (Russell sign) in some patients. Spicy foods can irritate mucosa but don't cause this enamel erosion pattern; poor oral hygiene affects caries and gingivitis rather than the characteristic acid erosion from gastric contents; drinking water is not a cause of this erosive pattern.

10. What approach is recommended when evaluating a patient with multiple health issues to improve care?

- A. Focus only on the most recent problem
- B. Use a structured approach, including chief concerns, review of systems, medications, and risk factors**
- C. Skip review of systems
- D. Limit to one paragraph

When a patient has multiple health issues, gathering information in a structured, holistic way is essential. Start by identifying the chief concerns to anchor what matters most to the patient and guide priorities for the visit. Then perform a thorough review of systems to uncover symptoms the patient may not volunteer spontaneously, ensuring you don't miss problems in areas outside the most obvious complaint. Next, review every medication the patient takes—prescribed drugs, over-the-counter items, and supplements—to spot polypharmacy risks, potential drug interactions, duplications, and allergies. Finally, assess risk factors and broader context—smoking, alcohol use, nutrition, activity, social determinants, safety, and preventive needs—to shape management across all conditions. This structured approach helps integrate information from all problems, reduces the chance of missing important issues, and supports safer, more coordinated care. For example, in someone with diabetes, hypertension, and depression, this method reveals not only current symptoms but also how medications interact, what barriers to adherence may exist, and what preventive steps are needed, guiding a more effective overall plan. Focusing only on the most recent problem can miss chronic or overlapping issues; skipping the review of systems risks missing relevant symptoms; restricting the note to a single paragraph can prevent capturing the full scope needed for comprehensive care.

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!

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