

NBCSN Nationally Certified School Nurse Practice Exam (Sample)

Study Guide



Everything you need from our exam experts!

This is a sample study guide. To access the full version with hundreds of 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. Don't worry about getting everything right, 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, and take breaks to retain information better.

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.

7. Use Other Tools

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!

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Questions

- 1. What does a positive Mantoux test indicate?**
 - A. Presence of active TB disease**
 - B. Exposure to TB**
 - C. Immediate infection**
 - D. A cure for TB**
- 2. What characterizes Tinea Capitis on the scalp?**
 - A. Red lumps and fluid-filled blisters**
 - B. Pustules and scales on the skin**
 - C. Dark patches of pigmentation**
 - D. Blue or purple discoloration**
- 3. Which of the following is true regarding Wechsler Adult Intelligence Scale?**
 - A. It focuses on verbal reasoning only**
 - B. It consists of verbal and performance subtests**
 - C. It is specifically designed for children**
 - D. It is less reliable than other intelligence tests**
- 4. What injury is characterized by guarding and signs of blood loss?**
 - A. Liver laceration**
 - B. Fractured rib**
 - C. Pneumothorax**
 - D. Appendicitis**
- 5. According to federal car seat regulations, what age group should use a booster seat until they reach what height?**
 - A. 4'5"**
 - B. 4'9"**
 - C. 5'0"**
 - D. 5'5"**

- 6. Which of the following factors is NOT measured by the Denver Developmental Screening Test?**
- A. Fine motor skills**
 - B. Language development**
 - C. Intelligence**
 - D. Gross motor skills**
- 7. What symptom might increase with coughing or walking in a patient with appendicitis?**
- A. Nausea and vomiting**
 - B. Abdominal stiffness**
 - C. Increased heart rate**
 - D. Fever and chills**
- 8. When does puberty typically begin for boys?**
- A. Age 9**
 - B. Age 10**
 - C. Age 11**
 - D. Age 12**
- 9. At what ages is juvenile rheumatoid arthritis most commonly diagnosed?**
- A. 1-2 years**
 - B. 2-5 years**
 - C. 5-10 years**
 - D. 12-15 years**
- 10. What is Tinea Capitis commonly known as?**
- A. Athlete's foot**
 - B. Scalp ringworm**
 - C. Psoriasis**
 - D. Hair loss syndrome**

Answers

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

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Explanations

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1. What does a positive Mantoux test indicate?

- A. Presence of active TB disease
- B. Exposure to TB**
- C. Immediate infection
- D. A cure for TB

A positive Mantoux test indicates exposure to tuberculosis (TB) bacteria. The test, which involves injecting a small amount of purified protein derivative (PPD) into the skin, assesses the immune response to proteins associated with TB. When someone has been exposed to the bacteria, their immune system reacts by causing localized swelling and redness, which can be measured after 48 to 72 hours. While a positive result suggests exposure, it does not confirm active TB disease. Additional evaluations, such as a chest X-ray and possibly sputum tests, would be necessary to determine whether an individual has developed the active disease. It's also important to note that a positive Mantoux test does not indicate that a person has an immediate infection, nor does it suggest that the individual has been cured of TB, as those outcomes require different assessments and medical evaluations.

2. What characterizes Tinea Capitis on the scalp?

- A. Red lumps and fluid-filled blisters
- B. Pustules and scales on the skin**
- C. Dark patches of pigmentation
- D. Blue or purple discoloration

Tinea Capitis, commonly known as scalp ringworm, is characterized by the presence of scaly patches, which may be accompanied by pustules, particularly in the inflammatory forms of the infection. This fungal infection leads to hair loss in the affected areas and results in a round, scaly appearance that can resemble eczema but is distinctly related to the fungal infection. The presence of pustules indicates an inflammatory response as the fungus invades the hair follicles and adjacent skin, which is another hallmark of this condition. The scaly aspect is a direct result of the infection and often appears as dandruff or flaky skin as the scalp reacts to the fungal invasion. The other options provided describe conditions that are not indicative of Tinea Capitis. Red lumps with fluid-filled blisters, for instance, may suggest a different type of skin infection or dermatitis. Dark patches of pigmentation could relate to other skin conditions, such as post-inflammatory hyperpigmentation or vitiligo, but are not characteristic of Tinea Capitis. The blue or purple discoloration does not correlate with this fungal infection either; it may indicate hematoma or vascular issues, which are entirely unrelated conditions. Understanding the defining characteristics of Tinea Capitis, especially the scaly and pustular

3. Which of the following is true regarding Wechsler Adult Intelligence Scale?

- A. It focuses on verbal reasoning only**
- B. It consists of verbal and performance subtests**
- C. It is specifically designed for children**
- D. It is less reliable than other intelligence tests**

The Wechsler Adult Intelligence Scale (WAIS) is designed to provide a comprehensive assessment of adult intelligence and includes both verbal and performance subtests. This structure allows it to measure a range of cognitive abilities, including verbal comprehension, perceptual reasoning, working memory, and processing speed. By including both types of subtests, the WAIS can give insights not only into verbal capabilities but also into non-verbal and practical problem-solving skills. The focus on both verbal and performance aspects is an advantage, as it recognizes that intelligence is multifaceted and not limited to just verbal reasoning abilities. This dual approach facilitates a more holistic evaluation of an individual's cognitive strengths and weaknesses, making it particularly useful for various psychological assessments and interventions. In contrast, the other statements do not accurately describe the WAIS. It is not solely focused on verbal reasoning, nor is it designed specifically for children, as it targets adult populations. Additionally, the WAIS has demonstrated a high level of reliability and validity, comparable to other standardized intelligence tests, making it a trusted tool in psychological evaluation.

4. What injury is characterized by guarding and signs of blood loss?

- A. Liver laceration**
- B. Fractured rib**
- C. Pneumothorax**
- D. Appendicitis**

A liver laceration is characterized by guarding and signs of blood loss due to the liver's location and its vascular nature. When the liver is injured, it can bleed significantly, leading to internal hemorrhage. Guarding is a protective mechanism where the patient tenses their abdominal muscles to minimize pain and prevent further injury, often observed in cases of abdominal trauma. Signs of blood loss may include tachycardia, hypotension, or signs of shock, indicating that the body is responding to significant internal bleeding. In contrast, while fractured ribs can also cause pain and may lead to guarding, they are less likely to present with systemic signs of blood loss unless there are complications such as a hematoma or damage to nearby structures. A pneumothorax involves air in the pleural space and can result in respiratory distress, but does not typically lead to significant guarding or direct signs of blood loss, as it primarily affects lung function rather than causing internal hemorrhage. Appendicitis can cause abdominal pain and guarding as well, but it generally presents with localized pain rather than the signs of extensive blood loss associated with a liver injury.

5. According to federal car seat regulations, what age group should use a booster seat until they reach what height?

A. 4'5"

B. 4'9"

C. 5'0"

D. 5'5"

The correct answer is based on federal car seat safety regulations, which state that children should use a booster seat until they reach a height of 4'9". This height requirement is established to ensure that the seat belt fits properly and effectively protects the child in the event of a car accident. A properly fitted seat belt must lie across the child's upper thighs, not their stomach, and the shoulder belt should cross the shoulder between the neck and arm to prevent injury during a crash. Using a booster seat until a child reaches 4'9" helps to maximize their safety by providing the necessary elevation so the adult seat belt can be used correctly. It is essential to follow these guidelines, as they are based on research into child passenger safety and the biomechanics of how seat belts work in restraining a child during a collision.

6. Which of the following factors is NOT measured by the Denver Developmental Screening Test?

A. Fine motor skills

B. Language development

C. Intelligence

D. Gross motor skills

The Denver Developmental Screening Test focuses on assessing various developmental milestones in children, particularly in the areas of gross motor skills, fine motor skills, language development, and personal-social skills. It is designed to identify any potential delays in development in young children, typically from birth to six years of age. The test evaluates gross motor skills, which include activities such as sitting, walking, and running; fine motor skills, which involve smaller actions like grabbing objects and using utensils; and language development, which encompasses the ability to understand and use spoken language. Intelligence, however, is not directly assessed by the Denver Developmental Screening Test. While the test can provide insights into a child's developmental level and may indicate areas of concern, it does not measure cognitive abilities or intelligence in a formal sense. Instead, other standardized tests specifically designed to assess cognitive functioning are needed to evaluate intelligence comprehensively. Therefore, the correct answer is that intelligence is not a factor measured by the Denver Developmental Screening Test, as the test is primarily focused on developmental milestones rather than an assessment of overall cognitive ability.

7. What symptom might increase with coughing or walking in a patient with appendicitis?

- A. Nausea and vomiting**
- B. Abdominal stiffness**
- C. Increased heart rate**
- D. Fever and chills**

Nausea and vomiting are symptoms commonly associated with appendicitis and can indeed intensify with physical activities such as coughing or walking. This occurs because movement can exacerbate the irritation of the inflamed appendix and the surrounding abdominal tissues, leading to an increase in discomfort and the stimulation of the digestive system, which can trigger nausea. In the context of appendicitis, these symptoms are indicative of how the condition affects the body, reflecting the overall response to inflammation and potential blockage in the digestive tract. While other symptoms like abdominal stiffness or fever and chills may also be present, the specific relationship between physical activity and an increase in nausea and vomiting makes this the most prominent symptom to consider in this scenario.

8. When does puberty typically begin for boys?

- A. Age 9**
- B. Age 10**
- C. Age 11**
- D. Age 12**

Puberty for boys typically begins around age 11. This stage marks significant physical, emotional, and hormonal changes as boys transition into adolescence. At this age, the body starts to produce testosterone, leading to growth spurts, deepening of the voice, development of facial and body hair, and changes in muscle mass. While some boys may start showing early signs of puberty as early as age 9, the majority will begin the process between ages 11 and 12. Understanding these developmental milestones is crucial for school nurses as they provide guidance and support for students going through this transformative period.

9. At what ages is juvenile rheumatoid arthritis most commonly diagnosed?

- A. 1-2 years
- B. 2-5 years**
- C. 5-10 years
- D. 12-15 years

Juvenile rheumatoid arthritis (JRA), now often referred to as juvenile idiopathic arthritis (JIA), is indeed most commonly diagnosed between the ages of 2 to 5 years. This age range corresponds with a period in child development when the immune system is maturing, but also when children are becoming more active and may show signs of joint pain or swelling. Diagnosing JIA in this age group is crucial because early intervention can significantly improve long-term outcomes. Symptoms may include joint pain, stiffness, and swelling that can interrupt normal activities and growth. It's essential for healthcare providers, including school nurses, to recognize these signs early on to facilitate diagnosis and management. The other age ranges mentioned tend to have lower incidence rates for the initial diagnosis of JIA, aligning with a decrease in the prevalence of inflammatory conditions as children age. In particular, while juvenile arthritis can manifest later, such as in adolescence, the peak onset tends to be in the ages of 2 to 5. This information is vital for school nurses when assessing students presenting with joint complaints or related symptoms.

10. What is Tinea Capitis commonly known as?

- A. Athlete's foot
- B. Scalp ringworm**
- C. Psoriasis
- D. Hair loss syndrome

Tinea Capitis is commonly known as scalp ringworm. This fungal infection specifically affects the scalp and hair follicles, leading to symptoms such as itching, flaking, and in some cases, hair loss. The term "ringworm" can be misleading as it suggests a parasitic infection; however, it is caused by a type of fungus. Scalp ringworm can be transmitted through direct contact with an infected person or through objects such as hats, combs, or towels. Understanding the specific name is crucial for appropriate diagnosis and treatment. In contrast, athlete's foot refers to a fungal infection of the foot, psoriasis is an autoimmune condition that affects the skin, and hair loss syndrome is a more general term that does not specifically relate to a fungal infection of the scalp. Each of these conditions has different causes, symptoms, and treatments, highlighting the importance of accurate terminology in healthcare settings.

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://nbcsn.examzify.com>

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