

TACTICAL COMBAT CASUALTY CARE – COMBAT MEDIC/ CORPSMAN (TCCC□CMC) 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. Which antibiotic is recommended for those who can take oral medications?**
 - A. Ertapenem
 - B. Moxifloxacin
 - C. Ciprofloxacin
 - D. Amoxicillin

- 2. What is a potential consequence of an open abdominal wound related to body temperature?**
 - A. Increased body temperature
 - B. Dehydration due to fluid loss
 - C. Increased risk of hypothermia
 - D. Localized infection only

- 3. What is a contraindication for tourniquet conversion?**
 - A. Shock
 - B. Allergic reactions
 - C. Electrolyte imbalances
 - D. Fractures

- 4. What form should be used to document casualty information, wounds, and treatments for continuity of care?**
 - A. DA Form 4056
 - B. DD Form 1380
 - C. SF Form 600
 - D. AF Form 560

- 5. What is the purpose of a Casualty Collection Point (CCP)?**
 - A. To provide food and water to casualties
 - B. To transport casualties to hospitals
 - C. To triage, treat, and stage casualties for evacuation
 - D. To train military personnel

- 6. What type of chest seal is recommended for open or sucking chest wounds?**
- A. Plastic wrap
 - B. Non-vented chest seal
 - C. Vented chest seal
 - D. Medical tape
- 7. What is the significance of avoiding eye shield placement over the unaffected eye?**
- A. To prevent blindness in both eyes
 - B. To prevent eye movement which may worsen the injured eye's condition
 - C. To enhance visual acuity testing
 - D. To reduce psychological stress
- 8. Which of the following is a contraindication for the use of Oral Transmucosal Fentanyl Citrate?**
- A. Severe headache
 - B. Hypovolemic shock
 - C. Muscle strain
 - D. Mild anxiety
- 9. What is a primary goal during the Tactical Field Care phase?**
- A. Conduct surgical procedures
 - B. Establish a base camp
 - C. Assess and treat injuries
 - D. Coordinate with air support
- 10. What is the primary consideration for spinal immobilization?**
- A. Causes of the casualty's distress
 - B. Time since the injury occurred
 - C. Mechanism of Injury
 - D. The age of the casualty

Answers

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

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Explanations

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1. Which antibiotic is recommended for those who can take oral medications?

- A. Ertapenem
- B. Moxifloxacin**
- C. Ciprofloxacin
- D. Amoxicillin

Moxifloxacin is the correct choice for patients who can take oral medications, particularly in a combat or tactical setting. It is a broad-spectrum fluoroquinolone antibiotic that is effective against a variety of gram-positive and gram-negative bacteria, as well as anaerobic bacteria. This versatility makes it particularly useful in situations where the precise nature of the infection may not be immediately known, such as in tactical combat situations. Moxifloxacin is preferred because it is typically administered orally, allowing for easier and more flexible treatment options in the field where intravenous access may be challenging. Its ability to penetrate tissues effectively also makes it a good choice for treating potential infections in wounded patients. Other options, like Ertapenem, are parenteral antibiotics that require intravenous administration and are not suitable for oral intake. Ciprofloxacin is also a fluoroquinolone and a valid option, but it has a narrower spectrum compared to Moxifloxacin, particularly regarding anaerobic bacteria. Amoxicillin, while effective for various infections, may not provide adequate coverage for the range of pathogens that a combat medic might encounter. Therefore, Moxifloxacin stands out as the most appropriate oral antibiotic in this context.

2. What is a potential consequence of an open abdominal wound related to body temperature?

- A. Increased body temperature
- B. Dehydration due to fluid loss
- C. Increased risk of hypothermia**
- D. Localized infection only

An open abdominal wound can disrupt the body's ability to regulate temperature effectively, making the patient more vulnerable to hypothermia. When the abdominal cavity is exposed, there is an increased risk of heat loss, primarily due to convection and evaporation. The body relies on its core temperature for optimal functioning, and when a significant injury occurs, such as an open wound, this core temperature can drop. The loss of blood and fluids through the wound can further exacerbate this risk, as hypovolemia can lead to impaired circulation and decreased perfusion to vital organs, which also affects thermoregulation. In addition, open wounds can result in exposure to environmental conditions that the body may not be acclimatized to, further increasing the likelihood of hypothermia. This is especially critical in tactical situations where patients may be exposed to harsh elements without immediate medical assistance. Therefore, acknowledging the risk of hypothermia is vital when managing a patient with an open abdominal wound.

3. What is a contraindication for tourniquet conversion?

- A. Shock
- B. Allergic reactions
- C. Electrolyte imbalances
- D. Fractures

In the context of tourniquet conversion, shock is a critical state that necessitates careful consideration before making adjustments to applied tourniquets. A patient in shock is experiencing decreased perfusion and inadequate blood supply to vital organs. In this scenario, converting or loosening a tourniquet can lead to a sudden release of previously occluded blood flow, which may exacerbate the patient's condition, potentially leading to a severe drop in blood pressure or further tissue damage. Maintaining the tourniquet until the patient is stabilized is essential, as it helps control hemorrhage and minimizes the risk of exsanguination. By ensuring blood loss is managed before addressing the underlying shock, the medical provider prioritizes the preservation of life, making it crucial not to convert the tourniquet in such situations.

4. What form should be used to document casualty information, wounds, and treatments for continuity of care?

- A. DA Form 4056
- B. DD Form 1380
- C. SF Form 600
- D. AF Form 560

The appropriate form for documenting casualty information, wounds, and treatments for continuity of care is the DD Form 1380. This specific form is designed for the medical evacuation and transport of casualties in military operations. It provides a standardized format for recording critical medical information, which is essential for ensuring that continuity of care is maintained as the casualty moves through different levels of medical treatment. Using the DD Form 1380 helps convey vital information such as the nature of the injuries, treatments already administered, and any other relevant medical history, which is crucial for the receiving medical personnel. This form is widely recognized and used within military operations to facilitate efficient care and communication, ultimately aiding in the effective management of casualties in the field. This ensures that every healthcare provider involved in the care of the casualty has access to accurate and comprehensive information.

5. What is the purpose of a Casualty Collection Point (CCP)?

- A. To provide food and water to casualties
- B. To transport casualties to hospitals
- C. To triage, treat, and stage casualties for evacuation
- D. To train military personnel

The purpose of a Casualty Collection Point (CCP) is crucial for effective battlefield medical operations. It serves as a designated area where injured personnel are gathered to undergo triage and receive initial treatment before evacuation. This process helps prioritize the care of casualties based on the severity of their injuries, ensuring that those who need immediate and critical care are addressed first. At the CCP, medics can provide essential medical interventions, stabilize injuries, and prepare patients for further transport to higher levels of medical care, such as field hospitals. This organized approach is vital for maximizing survival rates and managing trauma efficiently in combat scenarios. While providing food and water, transporting casualties to hospitals, and training personnel are important aspects of military operations, they do not encompass the primary role of the CCP, which specifically focuses on the triage, treatment, and staging of casualties.

6. What type of chest seal is recommended for open or sucking chest wounds?

- A. Plastic wrap
- B. Non-vented chest seal
- C. Vented chest seal**
- D. Medical tape

The recommended choice for treating open or sucking chest wounds is a vented chest seal. This type of seal is specifically designed to allow air to escape from the pleural space while preventing air from entering during inhalation. Open, or sucking, chest wounds create a pathway for air to enter the thoracic cavity, which can lead to a life-threatening condition called tension pneumothorax. A vented chest seal has built-in one-way valves that facilitate the release of air from the pleural cavity, thus relieving pressure without allowing additional air to enter. This is crucial for stabilizing the patient and maintaining effective respiratory function. Other options, such as plastic wrap or medical tape, lack the necessary properties to manage the dynamics of a sucking wound effectively. A non-vented chest seal does not allow the escape of air, which could exacerbate the situation by trapping air in the pleural space, leading to further complications. Therefore, the use of a vented chest seal is essential in addressing the complexities associated with open chest injuries.

7. What is the significance of avoiding eye shield placement over the unaffected eye?

- A. To prevent blindness in both eyes
- B. To prevent eye movement which may worsen the injured eye's condition**
- C. To enhance visual acuity testing
- D. To reduce psychological stress

The significance of avoiding eye shield placement over the unaffected eye is primarily to prevent eye movement, which can exacerbate the condition of the injured eye. When an eye shield is placed over the unaffected eye, it can lead to involuntary movements or adjustments made by the patient in response to peripheral vision changes, potentially causing further trauma or complications to the injured eye. By keeping the unaffected eye open, it allows for natural eye movements and reduces the risk of pain or injury to the affected area. Additionally, this approach helps maintain a more stable situation for the injured eye, providing it with the best chance for proper healing and assessment of the injury.

8. Which of the following is a contraindication for the use of Oral Transmucosal Fentanyl Citrate?

- A. Severe headache
- B. Hypovolemic shock**
- C. Muscle strain
- D. Mild anxiety

The correct answer is based on the understanding of patient condition and drug effects. Oral Transmucosal Fentanyl Citrate is an opioid analgesic used for managing pain, particularly in patients who are already opioid-tolerant. However, it is contraindicated in cases of hypovolemic shock because this condition involves a significant decrease in blood volume, leading to reduced blood flow and oxygen delivery throughout the body. Administering fentanyl in such a situation could exacerbate hypotension and contribute to further cardiovascular instability due to its vasodilatory effects and potential to cause respiratory depression. In contrast, severe headache, muscle strain, and mild anxiety do not present immediate contraindications for the use of fentanyl. While they may warrant pain management, the critical factor in the case of hypovolemic shock is patient stability and the need to ensure adequate perfusion, making fentanyl an inappropriate choice for those in such a compromised state.

9. What is a primary goal during the Tactical Field Care phase?

- A. Conduct surgical procedures
- B. Establish a base camp
- C. Assess and treat injuries**
- D. Coordinate with air support

The primary goal during the Tactical Field Care phase is to assess and treat injuries. This phase focuses on providing medical care to casualties while ensuring the safety of both the medic and the injured personnel in a tactical environment. The medic's duties involve evaluating the severity of injuries, managing life-threatening conditions, and initiating appropriate treatments. Immediate interventions may include controlling bleeding, managing airways, treating for shock, and ensuring that the patient is stabilized to prepare for evacuation if needed. While surgical procedures are sometimes necessary, they are not typically performed in the field during this phase but rather in higher levels of medical care. Establishing a base camp could be relevant in some contexts but is not a primary focus during Tactical Field Care, which is centered on casualty management. Coordinating with air support is vital for evacuation and transportation but is secondary to the immediate necessity of treating the injured at the location. Therefore, assessing and treating injuries is the clear priority during this critical phase.

10. What is the primary consideration for spinal immobilization?

- A. Causes of the casualty's distress
- B. Time since the injury occurred
- C. Mechanism of Injury**
- D. The age of the casualty

The primary consideration for spinal immobilization is the mechanism of injury. Understanding how an injury occurred is critical in evaluating the potential for spinal damage. Certain mechanisms, such as high-impact trauma from a fall, motor vehicle accident, or severe blunt force, can increase the risk of spinal injuries. This information guides the decision to immobilize the spine to prevent further injury to the spinal cord and surrounding structures. While the causes of the casualty's distress, the time since the injury, and the age of the casualty can influence other aspects of care, the mechanism of injury directly impacts the likelihood of a spinal injury, which is why it is paramount in the decision-making process regarding spinal immobilization. Ensuring that the spine is stabilized in cases where significant force was involved can help mitigate the risk of paralysis or other serious complications.

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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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