

United States Medical Licensing Examination (USMLE) Step 3 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

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- 1. What is the best test for diagnosing Hashimoto's thyroiditis?**
 - A. Free T4 levels**
 - B. Thyroid-stimulating hormone (TSH) test**
 - C. Antimicrosomal (anti-TPO) antibody levels**
 - D. Radionuclide thyroid scan**
- 2. Which pathogens are typically found in reptile bites?**
 - A. Clostridium perfringens**
 - B. Salmonella and Pseudomonas**
 - C. Capnocytophaga canimorsus**
 - D. HIV**
- 3. Which of the following causes of aplastic anemia is a toxin?**
 - A. Chloramphenicol**
 - B. HIV infection**
 - C. Benzene**
 - D. Renal dysfunction**
- 4. Which crystals are characteristic of pseudogout?**
 - A. Negatively birefringent needles**
 - B. Positively birefringent needles**
 - C. Negatively birefringent rhomboids**
 - D. Positively birefringent squares**
- 5. When is antenatal corticosteroid therapy typically administered?**
 - A. 10-18 weeks with intact membranes**
 - B. 24-34 weeks with intact membranes**
 - C. 34-36 weeks with ruptured membranes**
 - D. Before 24 weeks with symptoms**

6. What condition is caused by the Babesia parasite and is characterized by hemolytic anemia?

- A. Ehrlichiosis**
- B. Lyme disease**
- C. Babesiosis**
- D. Malaria**

7. In the case of cellulitis, what is the appropriate treatment option for severe infections?

- A. Oral dicloxacillin**
- B. IV oxacillin or cefazolin**
- C. Oral cephalixin**
- D. IV vancomycin**

8. Which organism is primarily responsible for Q fever?

- A. Escherichia coli**
- B. Coxiella burnetti**
- C. Chlamydia trachomatis**
- D. Mycoplasma pneumoniae**

9. What is the recommended prophylactic treatment for malaria?

- A. Quinine daily**
- B. Atovaquone/proguanil daily**
- C. Mefloquine weekly**
- D. Doxycycline weekly**

10. Which condition is primarily associated with contact with rabbits and farming activities during summer?

- A. Leptospirosis**
- B. Tularemia**
- C. Cryptococcosis**
- D. Cysticercosis**

Answers

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

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Explanations

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1. What is the best test for diagnosing Hashimoto's thyroiditis?

- A. Free T4 levels**
- B. Thyroid-stimulating hormone (TSH) test**
- C. Antimicrosomal (anti-TPO) antibody levels**
- D. Radionuclide thyroid scan**

Hashimoto's thyroiditis is an autoimmune condition that specifically leads to the destruction of the thyroid gland. The most accurate test for diagnosing this disorder is the measurement of antithyroid peroxidase (anti-TPO) antibodies, also referred to as antimicrosomal antibodies. These antibodies are produced by the immune system in response to the thyroid tissue being attacked. Elevated levels of anti-TPO antibodies are commonly found in patients with Hashimoto's thyroiditis and serve as a hallmark for this diagnosis. While free T4 levels and thyroid-stimulating hormone (TSH) tests are important for assessing thyroid function, they do not specifically diagnose Hashimoto's thyroiditis. Free T4 levels evaluate the amount of active thyroid hormone in the blood, and TSH measures how much thyroid hormone the pituitary gland is signaling the thyroid to produce. Both tests help in understanding thyroid status but do not provide information about the autoimmune nature of the disease. A radionuclide thyroid scan assesses thyroid function and morphology but is not specific for Hashimoto's thyroiditis. In this condition, the scan would typically show a reduced uptake of the radioactive iodine due to decreased thyroid function, but it would not confirm the diagnosis. The measurement of anti-TPO antibody levels is the

2. Which pathogens are typically found in reptile bites?

- A. Clostridium perfringens**
- B. Salmonella and Pseudomonas**
- C. Capnocytophaga canimorsus**
- D. HIV**

Reptile bites are most commonly associated with specific pathogens, particularly *Salmonella* and *Pseudomonas*. *Salmonella*, which is often found in the gastrointestinal tracts of reptiles, can be introduced into wounds from bites or when handling reptiles without proper hygiene. It is a significant cause of infections following reptile bites, leading to serious complications such as sepsis, especially in immunocompromised individuals. *Pseudomonas*, a bacteria that is also part of normal flora in many reptiles, can contribute to wound infections, particularly in puncture wounds created by bites. This pathogen is known for its resistance to many antibiotics, making infections difficult to treat. In contrast, while *Clostridium perfringens* may be implicated in certain types of wounds, it is more commonly associated with deep puncture wounds or necrotic infections, not specifically reptile bites. *Capnocytophaga canimorsus* is more related to dog and cat bites rather than reptile bites. Finally, HIV is a virus that is primarily transmitted through sexual contact, sharing needles, and mother-to-child transmission, rather than through animal bites, especially not from reptiles. Thus, the correct identification of *Salmonella* and *Pseudomonas* as common pathogens associated with reptile

3. Which of the following causes of aplastic anemia is a toxin?

- A. Chloramphenicol**
- B. HIV infection**
- C. Benzene**
- D. Renal dysfunction**

Aplastic anemia is a condition characterized by the failure of the bone marrow to produce adequate amounts of blood cells, leading to symptoms such as fatigue, increased susceptibility to infections, and bleeding tendencies. Among the various causes of aplastic anemia, exposure to certain toxins can lead to bone marrow suppression. Benzene is recognized as a toxic substance that can damage bone marrow and impair blood cell production. It is an industrial solvent widely used in the manufacturing of plastics, resins, and synthetic fibers. Prolonged exposure to benzene can lead to hematological disorders, including aplastic anemia, by causing direct damage to hematopoietic stem cells in the bone marrow. This results in a decrease in red blood cells, white blood cells, and platelets, which is consistent with the clinical presentation of aplastic anemia. Chloramphenicol is an antibiotic known to cause bone marrow suppression but is more a drug side effect rather than a toxin in the traditional sense. HIV infection is a viral cause of aplastic anemia but operates through a different pathogenic mechanism, usually through immune-mediated destruction of hematopoietic cells and not direct toxicity. Renal dysfunction can lead to anemia due to factors like erythropoietin deficiency but does not directly cause apl

4. Which crystals are characteristic of pseudogout?

- A. Negatively birefringent needles**
- B. Positively birefringent needles**
- C. Negatively birefringent rhomboids**
- D. Positively birefringent squares**

Pseudogout, also known as calcium pyrophosphate dihydrate (CPPD) crystal disease, is characterized by the presence of CPPD crystals in the synovial fluid. The distinguishing feature of these crystals when viewed under polarized light microscopy is that they are positively birefringent and appear as rhomboid-shaped crystals. This characteristic helps differentiate pseudogout from gout, which is caused by monosodium urate crystals that are negatively birefringent and shaped like needles. The specific morphology and birefringence of the crystals are crucial in making a correct diagnosis of the type of crystal arthritis present. In the case of pseudogout, the positive birefringence of the rhomboid-shaped crystals is a key diagnostic criterion.

5. When is antenatal corticosteroid therapy typically administered?

- A. 10-18 weeks with intact membranes**
- B. 24-34 weeks with intact membranes**
- C. 34-36 weeks with ruptured membranes**
- D. Before 24 weeks with symptoms**

Antenatal corticosteroid therapy is typically administered to pregnant women who are at risk of preterm delivery, particularly between 24 and 34 weeks of gestation. The primary goal of administering corticosteroids in this timeframe is to promote fetal lung maturity and reduce the risk of complications associated with prematurity, such as respiratory distress syndrome. Giving corticosteroids during this window maximizes their effectiveness in hastening fetal lung development and producing surfactant, which is crucial for effective breathing after birth. This intervention is especially critical when there is a potential for preterm labor, as it has been shown to significantly reduce neonatal morbidity and mortality associated with prematurity. The other options provided do not align with the recommended practice guidelines. Administering corticosteroids at 10-18 weeks is too early, given that significant fetal lung development has not occurred yet. While corticosteroids may still provide some benefits later in gestation, such as between 34-36 weeks with ruptured membranes, this timing is not the primary use case. Also, the use of corticosteroids before 24 weeks with symptoms represents a complex decision-making scenario and is not standard practice given the risks involved. Thus, the most appropriate and commonly accepted timing for antenatal corticosteroid administration is between

6. What condition is caused by the Babesia parasite and is characterized by hemolytic anemia?

- A. Ehrlichiosis**
- B. Lyme disease**
- C. Babesiosis**
- D. Malaria**

Babesiosis is caused by the Babesia parasite, which is transmitted to humans through the bite of infected Ixodes ticks, similar to those that transmit Lyme disease. This condition is characterized by hemolytic anemia, which occurs as the parasite invades and destroys red blood cells. The clinical manifestations of babesiosis can range from asymptomatic to severe disease, particularly in individuals who are immunocompromised or have underlying health conditions. In babesiosis, patients may present with symptoms such as fever, chills, sweats, headache, body aches, and fatigue. Laboratory findings typically reveal anemia, thrombocytopenia, and elevated liver enzymes due to the destruction of red blood cells and potential liver involvement. This highlights the significance of recognizing babesiosis as a differential diagnosis in cases of febrile illness in endemic areas. Despite the other options mentioned, such as Ehrlichiosis and Lyme disease, they involve different pathogens and mechanisms. Ehrlichiosis is caused by bacteria of the *Ehrlichia* genus and leads to a different clinical presentation. Lyme disease is also bacterial and is characterized by a distinct rash and potential neurological or cardiac complications but does not primarily cause hemolytic anemia. Malaria, while also causing hemolytic anemia due to the Plasmod

7. In the case of cellulitis, what is the appropriate treatment option for severe infections?

- A. Oral dicloxacillin**
- B. IV oxacillin or cefazolin**
- C. Oral cephalexin**
- D. IV vancomycin**

In the management of severe cellulitis, intravenous (IV) therapy is preferred. This is because severe infections often require rapid control and higher doses of antibiotics than can be achieved with oral formulations. The most appropriate treatment for severe cellulitis generally involves broad-spectrum coverage against common pathogens such as *Streptococcus* and *Staphylococcus aureus*, including methicillin-resistant *Staphylococcus aureus* (MRSA). IV oxacillin or cefazolin provides effective coverage against methicillin-sensitive *Staphylococcus aureus* (MSSA) and *Streptococcus* species, which are typically responsible for infections of the skin and soft tissues. This choice ensures that the treatment reaches adequate serum levels quickly to address the acute infection. While IV vancomycin is an option for suspected or confirmed MRSA infections, it is generally reserved for cases where there is a high suspicion of MRSA or when the infection is not responding to other treatments. In non-severe cases or when the infection is likely due to MSSA, simpler agents like oxacillin or cefazolin are more commonly used. The use of oral dicloxacillin or oral cephalexin is appropriate for mild to moderate infections where patients can be treated on an outpatient basis but would not be sufficient for severe

8. Which organism is primarily responsible for Q fever?

- A. Escherichia coli**
- B. Coxiella burnetii**
- C. Chlamydia trachomatis**
- D. Mycoplasma pneumoniae**

Coxiella burnetii is the organism primarily responsible for Q fever, which is an infectious disease that can cause severe flu-like symptoms and pneumonia. This bacterium is known for its resilience in the environment, surviving at high temperatures and in various ecosystems, particularly in livestock. It is typically transmitted to humans through inhalation of contaminated aerosols from infected animals, especially sheep, goats, and cattle, as well as through consumption of unpasteurized dairy products. Q fever is characterized by a sudden onset of fever, chills, and fatigue, sometimes leading to more severe complications such as pneumonia or hepatitis. The identification of *Coxiella burnetii* as the causative agent of Q fever is critical for appropriate clinical management, including the necessity for specific diagnostic tests and treatment options. This recognition also emphasizes the importance of public health measures in controlling zoonotic infections and preventing outbreaks in humans.

9. What is the recommended prophylactic treatment for malaria?

- A. Quinine daily
- B. Atovaquone/proguanil daily**
- C. Mefloquine weekly
- D. Doxycycline weekly

The recommended prophylactic treatment for malaria, particularly in areas where *Plasmodium falciparum*, the most dangerous malaria species, is prevalent, includes the use of atovaquone/proguanil. This combination medication is effective for malaria prophylaxis due to its strong action against the malaria parasite and its favorable safety profile. Patients typically take it daily, starting 1-2 days before travel to a malaria-endemic area and continuing for 7 days after leaving the area. While other options are sometimes used for malaria prophylaxis, they may have limitations. Quinine is primarily used for treatment rather than prophylaxis and is not recommended as a primary preventive measure. Mefloquine, although effective, can have neurological side effects and is generally reserved for adult travelers without contraindications. Doxycycline is also effective and taken daily, but it may cause photosensitivity and is contraindicated in pregnancy. Thus, atovaquone/proguanil stands out as a reliable choice for effective malaria prevention in many cases.

10. Which condition is primarily associated with contact with rabbits and farming activities during summer?

- A. Leptospirosis
- B. Tularemia**
- C. Cryptococcosis
- D. Cysticercosis

Tularemia is primarily associated with contact with rabbits and farming activities during the summer months. This zoonotic disease is caused by the bacterium *Francisella tularensis*, which is commonly found in wild rabbits, hares, and rodents. Farmers, hunters, or anyone who comes into physical contact with these animals or their environments, especially during warmer months when outdoor activities are more frequent, are at a greater risk of infection. Symptoms of tularemia can vary widely and may include fever, skin ulcers, swollen lymph nodes, and respiratory symptoms, depending on the route of infection. The association with rabbits is particularly noted since they are a primary reservoir for the bacteria, and handling them without proper precautions can lead to transmission through skin abrasions or inhalation. Other conditions listed, such as leptospirosis, cryptococcosis, and cysticercosis, do not have the same direct link to rabbit populations or farming activities during summer. Leptospirosis is more commonly associated with exposure to contaminated water or soil, cryptococcosis is primarily linked to environmental exposure to bird droppings, and cysticercosis is associated with ingestion of eggs from the *Taenia solium* tapeworm, typically linked to poor sanitation rather

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://usmlestep3.examzify.com>

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

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