USAF PUBLIC HEALTH OPERATIONS BLOCK 1 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

1. Which four squadrons fall under the Medical Group?

A. Medical Operations, Medical Support, Dental, Aerospace Medicine Squadron

B. Medical Operations, Hospital Administration, Dental, Public Health

C. Surgical, Medical Logistics, Dental, Aerospace Medicine Squadron

D. Aeromedical Evacuation, Medical Operations, Public Health, Bioenvironmental Engineering

2. Is the statement true that My Development Plan is accessed via the Air Force Portal?

A. True

B. False

C. It is accessed via the DoD Portal

D. It is not accessible digitally

3. Who does the MDG commander report to?

A. Major Command Surgeon

B. TRICARE Office

C. Medical Treatment Facility Director

D. Base or Wing Commander

4. What distinguishes active from passive disease surveillance?

A. Active surveillance involves proactive case finding by public health personnel; passive surveillance relies on routine reporting by health-care providers.

B. Active surveillance is slower and less comprehensive than passive.

C. Active surveillance relies on hospital paperwork only.

D. Active surveillance is only used for animal health.

5. What is the difference between medical logistics, resource management, and patient administration?

A. Resource management maintains the budget for the MDG; Medical logistics maintains the medical records for the MDG; Patient Administration handles staff scheduling.

B. Medical logistics maintains supplies for the MDG; Resource management maintains the budget for the MDG; Patient Administration oversees medical records management, medical evaluation boards, admissions and dispositions

C. Medical logistics oversees IT systems; Resource management handles personnel; Patient Administration manages clinical care

D. Medical logistics maintains the facility; Resource management handles training; Patient Administration coordinates patient transport

6. Which statement about 4E051 Journeyman requirements is correct?

A. It requires 12 months of OTJ training and CDC completion, but not 5-skill level.

B. It requires 12 months of OTJ training, no supervisor recommendation.

C. It requires 6 months OTJ training and 5-skill level.

D. It requires 12 months of OTJ training, 5-skill level in STS, supervisor recommendation, completion of all CDCs, and certification to perform tasks unsupervised.

7. What does Part 1 of CFETP provide?

A. A comprehensive listing of required tasks for training within PH.

B. Information necessary for overall training management and career training progression requirements.

C. A detailed description of all CDCs in each specialty.

D. A summary of leadership competencies for supervisors.

8. Who is below the Major Command Surgeon?

A. The Medical Group (MDG) Commander

B. The Base Commander

C. The Deputy Major Command Surgeon

D. The Medical Treatment Facility Director

9. What infection control measures are standard for suspected respiratory infections in a public health setting?

A. Only wearing gloves and no isolation.

B. Vaccination of all staff regardless.

C. Isolation of the ill person, droplet precautions, appropriate PPE, hand hygiene, and vaccination of contacts as indicated.

D. No PPE, no isolation, and no hand hygiene.

10. What is the AFRES mission?

A. To fly, fight, and win in air, space, and cyberspace.

B. To provide medical readiness for divers.

C. To manage base security.

D. To train aircrews only.

Answers

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

Explanations

1. Which four squadrons fall under the Medical Group?

A. Medical Operations, Medical Support, Dental, Aerospace Medicine Squadron

B. Medical Operations, Hospital Administration, Dental, Public Health

C. Surgical, Medical Logistics, Dental, Aerospace Medicine Squadron

D. Aeromedical Evacuation, Medical Operations, Public Health, Bioenvironmental Engineering

The four squadrons that fall under the Medical Group are the ones that cover the main clinical and readiness functions on a base: Medical Operations Squadron handles the delivery of patient care and clinical services; Medical Support Squadron takes care of base medical administration, resources, and readiness programs that keep the medical system running smoothly; Dental Squadron provides all dental care and dental readiness for Airmen; and Aerospace Medicine Squadron focuses on flight medicine, occupational health, and aeromedical programs for aircrew and personnel. Together, these four squadrons encompass the day-to-day clinical operations, administrative support, dental services, and flight/occupational health that define the Medical Group's role. Other options mix in units that are not part of this four-squadron structure, such as Public Health or Bioenvironmental Engineering, which are not included as part of the Medical Group's four core squadrons, and some choices reference functions (like Surgical or Medical Logistics) that don't comprise the standard four-squadron configuration under the Medical Group.

2. Is the statement true that My Development Plan is accessed via the Air Force Portal?

A. True

B. False

C. It is accessed via the DoD Portal

D. It is not accessible digitally

Yes, My Development Plan is accessed through the Air Force Portal. The Air Force Portal is the official gateway for Air Force personnel resources, providing secure single sign-on and integration with your personnel records. This development tool is part of the Air Force's internal development and career planning system and is intended to be used within that portal, not the DoD Portal. Since it's a digital resource, saying it isn't accessible digitally isn't accurate.

3. Who does the MDG commander report to?

A. Major Command Surgeon

B. TRICARE Office

C. Medical Treatment Facility Director

D. Base or Wing Commander

The key idea is that a base's Medical Group operates within the installation's chain of command, so its commander answers to the installation leadership to keep medical support and readiness aligned with the mission. This direct reporting to the Base or Wing Commander ensures accountability, resource prioritization, and coordination with the overall operations of the base. Higher-level medical policy comes from MAJCOM via the Wing Surgeon, but the day-to-day command line for base-level medical operations is through the installation leadership, not the MAJCOM surgeon or TRICARE office. The Medical Treatment Facility Director oversees the facility as a whole, but the MDG remains part of the base's command structure, reporting up to the Wing/Base Commander.

4. What distinguishes active from passive disease surveillance?

A. Active surveillance involves proactive case finding by public health personnel; passive surveillance relies on routine reporting by health-care providers.

B. Active surveillance is slower and less comprehensive than passive.

C. Active surveillance relies on hospital paperwork only.

D. Active surveillance is only used for animal health.

The key idea is who is doing the searching for cases. Active surveillance means public health personnel take the initiative to find cases—they reach out to labs, hospitals, and clinics, verify diagnoses, and systematically collect data. This proactive approach aims to catch more cases and gather complete information, though it requires more resources. Passive surveillance, on the other hand, relies on routine reporting by health-care providers as part of their normal duties, so cases are reported only when clinicians or laboratories submit them to public health. This method is less resource-intensive but tends to yield underreporting and delays. So the statement that best captures the difference is that active surveillance involves proactive case finding by public health personnel, while passive surveillance relies on routine reporting by health-care providers. The other descriptions mischaracterize the methods or scope of surveillance.

5. What is the difference between medical logistics, resource management, and patient administration?

A. Resource management maintains the budget for the MDG; Medical logistics maintains the medical records for the MDG; Patient Administration handles staff scheduling.

B. Medical logistics maintains supplies for the MDG; Resource management maintains the budget for the MDG; Patient Administration oversees medical records management, medical evaluation boards, admissions and dispositions

C. Medical logistics oversees IT systems; Resource management handles personnel; Patient Administration manages clinical care

D. Medical logistics maintains the facility; Resource management handles training; Patient Administration coordinates patient transport

Medical logistics, resource management, and patient administration cover distinct areas of operating a Medical Group. Medical logistics is about having the right items to treat patients—supplies, equipment, medications, and other materials needed for care. Resource management handles the MDG's financial and human resources—budgeting, funding, and allocating personnel and funds to support programs and operations. Patient administration focuses on patient data and flow—medical records management, medical evaluation boards, admissions and dispositions, and coordinating patient movement. The correct option matches these roles: medical logistics maintains supplies for the MDG; resource management maintains the budget for the MDG; patient administration oversees medical records management, medical evaluation boards, admissions and dispositions. The other choices mix up responsibilities—for example, treating medical records as a function of medical logistics or placing staff scheduling with medical logistics, IT systems with medical logistics, or clinical care with patient administration. These misalignments show why the correct description centers on supplies, budget/funding, and records/admissions/dispositions for the three areas.

6. Which statement about 4E051 Journeyman requirements is correct?

A. It requires 12 months of OTJ training and CDC completion, but not 5-skill level.

B. It requires 12 months of OTJ training, no supervisor recommendation.

C. It requires 6 months OTJ training and 5-skill level.

D. It requires 12 months of OTJ training, 5-skill level in STS, supervisor recommendation, completion of all CDCs, and certification to perform tasks unsupervised.

The requirements to reach Journeyman for this specialty revolve around a complete progression: time in the job, demonstrated skill level, formal validation, and the ability to work independently. You must complete 12 months of on-the-job training to show you've spent real time performing the duties. You also need to hold a 5-skill level in the STS, which signals you've achieved a broad, competent capability across the required tasks. A supervisor recommendation is necessary to verify you're ready for more responsibility and trusted to perform duties on your own. In addition, finishing all required CDCs shows you've completed the formal, structured training specific to this role. Finally, certification to perform tasks unsupervised confirms you're authorized and capable of carrying out duties without direct supervision. When all of these pieces come together, you meet the standard for Journeyman. Other options miss one or more elements: they might omit the supervisor recommendation, require less OJT, or skip the CDCs or the 5-skill level, so they don't reflect the full, approved pathway to independent performance.

7. What does Part 1 of CFETP provide?

A. A comprehensive listing of required tasks for training within PH.

B. Information necessary for overall training management and career training progression requirements.

C. A detailed description of all CDCs in each specialty.

D. A summary of leadership competencies for supervisors.

Part 1 provides the framework for how training is managed across the specialty and what is required for career progression. It outlines the specialty's purpose, the roles and responsibilities of both trainees and supervisors, and the overall training requirements and progression path, so supervisors and airmen know what must be learned and in what sequence to qualify and advance. This section is about organizing and tracking training at a high level, not listing every individual course or CDC, which is found in Part II, nor focusing on leadership competencies. By laying out the overall plan and standards for training management, Part 1 helps ensure a consistent, structured approach to developing expertise across the career field.

8. Who is below the Major Command Surgeon?

A. The Medical Group (MDG) Commander

B. The Base Commander

C. The Deputy Major Command Surgeon

D. The Medical Treatment Facility Director

In this structure, the Major Command Surgeon sits at the top of the command's medical leadership and sets the medical policy and priorities for the entire Major Command. The next tier down that actually leads medical operations at individual bases is the Medical Group Commander. This person commands the Medical Group on each base, directing clinical operations, readiness, and support to the base population in line with MAJCOM guidance. The Base Commander runs the installation as a whole, and while the medical group reports to or aligns with the base leadership, the Base Commander is not the direct medical supervisor under the MAJCOM Surgeon. The Deputy Major Command Surgeon works at the MAJCOM level as the second-in-command to the MAJCOM Surgeon, not at the base level. The Medical Treatment Facility Director handles the facility's day-to-day operations but reports to the Medical Group Commander, not directly to the MAJCOM Surgeon. So the person who sits directly below the Major Command Surgeon in the medical command chain is the Medical Group Commander, who leads the base-level medical operations in support of the MAJCOM's mission.

9. What infection control measures are standard for suspected respiratory infections in a public health setting?

A. Only wearing gloves and no isolation.

B. Vaccination of all staff regardless.

C. Isolation of the ill person, droplet precautions, appropriate PPE, hand hygiene, and vaccination of contacts as indicated.

D. No PPE, no isolation, and no hand hygiene.

Infection control for suspected respiratory infections in a public health setting relies on a layered approach to prevent transmission. The standard practice is to isolate the person who is ill, apply droplet precautions, use the appropriate PPE, maintain strict hand hygiene, and vaccinate contacts as indicated to reduce onward spread. Why this is the best approach: Isolation removes the source of infection from others, while droplet precautions and suitable PPE limit exposure to respiratory droplets that can carry pathogens. Hand hygiene stops transmission via contaminated hands, and vaccinating contacts as indicated lowers the chance that exposed individuals become infected and pass it on. Other options don't provide comprehensive protection: wearing gloves alone without isolation doesn't stop the main transmission route; vaccinating all staff regardless of exposure isn't targeted or necessarily needed for immediate control; and having no PPE, isolation, or hand hygiene would allow rapid spread.

10. What is the AFRES mission?

A. To fly, fight, and win in air, space, and cyberspace.

B. To provide medical readiness for divers.

C. To manage base security.

D. To train aircrews only.

The mission of AFRES centers on delivering ready air power across all domains, not just a single function. It emphasizes flying, fighting, and winning in air, space, and cyberspace, reflecting the force's role in generating, presenting, and sustaining capable airmen for global operations—from combat to humanitarian and disaster response. The other options miss this breadth: medical readiness for divers is a specialized function irrelevant to the reserve's overall mission; base security is handled by security forces and local command structures rather than the entire reserve mission; and training aircrews only is too narrow, since AFRES provides operational capability across multiple domains, not just training.

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://usafpublichealthopsblock1.examzify.com

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