

Key

ANSWER SHEET
BLS for Healthcare Providers
Written Exam

* please keep in filing cabinet w/ AHA TEST

Name _____ Date _____ Version A

Question	Answer			
1.	a	b	c	<input checked="" type="radio"/> d
2.	a	b	<input checked="" type="radio"/> c	d
3.	a	<input checked="" type="radio"/> b	c	d
4.	a	b	<input checked="" type="radio"/> c	d
5.	<input checked="" type="radio"/> a	b	c	d
6.	a	b	c	<input checked="" type="radio"/> d
7.	a	<input checked="" type="radio"/> b	c	d
8.	a	b	<input checked="" type="radio"/> c	d
9.	a	<input checked="" type="radio"/> b	c	d
10.	a	b	c	<input checked="" type="radio"/> d
11.	<input checked="" type="radio"/> a	b	c	d
12.	a	b	c	<input checked="" type="radio"/> d
13.	<input checked="" type="radio"/> a	b	c	d
14.	<input checked="" type="radio"/> a	b	c	d
15.	a	b	<input checked="" type="radio"/> c	d
16.	<input checked="" type="radio"/> a	b	c	d
17.	a	b	<input checked="" type="radio"/> c	d
18.	a	<input checked="" type="radio"/> b	c	d
19.	<input checked="" type="radio"/> a	b	c	d
20.	a	<input checked="" type="radio"/> b	c	d
21.	<input checked="" type="radio"/> a	b	c	d
22.	a	b	<input checked="" type="radio"/> c	d
23.	a	b	<input checked="" type="radio"/> c	d
24.	a	b	c	<input checked="" type="radio"/> d
25.	a	b	c	<input checked="" type="radio"/> d