



*Prefeitura Municipal de Lagoa Dourada*

*Secretaria Municipal de Saúde*

Praça Amaro Lopes, 66 Centro, Lagoa Dourada, MG, CEP 36.345-000

Tel: (32) 3363-2090 E-mail: saude@lagoadourada.mg.gov.br

***Processo Seletivo n° 02/2016***

**GABARITO  
MÉDICO PSF**

Questão	Resposta			
1	A	<input checked="" type="checkbox"/>	C	D
2	A	B	C	<input checked="" type="checkbox"/>
3	A	B	<input checked="" type="checkbox"/>	D
4	A	<input checked="" type="checkbox"/>	C	D
5	A	B	<input checked="" type="checkbox"/>	D
6	<input checked="" type="checkbox"/>	B	C	D
7	A	B	C	<input checked="" type="checkbox"/>
8	A	B	C	<input checked="" type="checkbox"/>
9	A	B	<input checked="" type="checkbox"/>	D
10	<input checked="" type="checkbox"/>	B	C	D

Questão	Resposta			
11	A	B	C	<input checked="" type="checkbox"/>
12	A	B	C	<input checked="" type="checkbox"/>
13	A	B	C	<input checked="" type="checkbox"/>
14	<input checked="" type="checkbox"/>	B	C	D
15	A	<input checked="" type="checkbox"/>	C	D
16	A	B	<input checked="" type="checkbox"/>	D
17	A	B	<input checked="" type="checkbox"/>	D
18	A	<input checked="" type="checkbox"/>	C	D
19	A	B	C	<input checked="" type="checkbox"/>
20	A	B	<input checked="" type="checkbox"/>	D