

PROGRAM:	ERASMUS+
ACTION / SUBPROGRAM:	Key Action 2 / Strategic Partnerships
PROJECT TITLE:	“OSH+ for the European Agriculture sector - Stimulating growth in rural areas through capacity building for providers (and beneficiaries) of occupational medicine and OSH services”
DOCUMENT:	C2-Training Course for Occupational Medicine physicians – Individual Exercise Template

C2-Training Course for Occupational Medicine physicians

Module – 6

Individual Test

Instructions

The questions below are multiple-choice questions that ask you to select one or more answer choices from a list of choices. A question may or may not specify the number of choices to select.

Please tick the box corresponding to the right answers.

Questions for training course:

Select the one correct answer for each question.

Question 1. Irritant contact dermatitis (ICD)

- a. accounts for nearly 80% of all occupational dermatitis
- b. is caused by a single chemical
- c. is unrelated to environmental factors
- d. is not affected by ethnicity

Question 2. Allergic contact dermatitis (ACD)

- a. is controlled by ordinary protective measures
- b. seldom requires job change
- c. does not prevent immediate return to work
- d. is an immunologic reaction classified as a delayed type IV.

Question 3. Patch testing

- a. is the key to diagnosis of allergic contact dermatitis
- b. allows the use of a large concentration of test substance
- c. tests a more resistant organ than that affected by the disease
- d. tests a different mechanism than that which causes the disease

Question 4. Atypical mycobacterial infections

- a. are caused most commonly by infection with *M. chelonae*
- b. are acquired from exposure to infected fowl
- c. are usually effectively treated with rifampicin or ethambutol
- d. are not predisposed in persons with AIDS

Question 5. Prevention of occupational skin disorders

- a. is not necessary because the long-term outcome is always the same once exposure has occurred
- b. should be limited to the affected employees to prevent stigmatization
- c. requires close cooperation between the employee, employers, company physicians, dermatologists, and other relevant stakeholders such as workers unions
- d. does not involve giving employees information on the involved chemical substances

Question 6. Skin erythema.

- a). Risk factor is a chronic sun exposure.
- b). Risk factor is a excessive UV exposure.
- c). Susceptibility to skin damage not depend on skin type.
- d). People with darker skin are more prone to sunburn or erythema.

Question 7. Skin cancers.

- a). Skin cancers is the common and locally destructive (malignant) growth of the skin.
- b). Chronic sun professional exposure is the risk factors for developing of skin cancer.
- c). Exposure to pesticides is the risk factors for developing of skin cancer.
- d). Exposure to NH₂, nitrites and nitrates are the risk factors for developing of skin cancer.

Question 8. Cutaneous Leishmaniasis

- a). The disease is transmitted by mosquito.
- b). The disease is transmitted by sandflies via blood sucking.
- c). Treatment become with pentavalent antimonials.
- d). Treatment become with antibiotics.

Question 9. Cutaneous anthrax

- a. Can happen from different hand infection
- b. Disease usually develops from 1 to 7 days after infection
- c. This can happen when a person look for animals
- d. Without treatment, up to 20% of the patients with Cutaneous anthrax may die

Question 10. Mechanical trauma

- a). As results from physical and manual work corns and calluses, fissures and profound wounds may appear.
- b). As results from repetitive physical manual work corns and calluses, fissures and profound wounds may appear.
- c). Very often they are not infected.
- d). Very often they disappear spontaneous.

Correct answers

Question	1	2	3	4	5	6	7	8	9	10
Correct answer	a	d	a	c	c	b	a, b	b, c	b, d	a, b