



# INTERNATIONAL ORGANIZATION FOR RELIEF, WELFARE & DEVELOPMENT

## HEALTH DEPT



### PRESCRIPTION/CONTINUATION SHEET

HOSPITAL NAME

SURNAME:	FIRST NAME (S)	NUMBER

DATE:	NOTE
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**Rx**

### ANSWERS TO BIO 112

?? 1.5°C

1. A

15. D

29. A

43. B

2. C

16. A

30. C

44. A

3. B

17. C

31. D

45. B

4. C ??

18. A

32. B

46. A

5. C

19. C

33. D

47. A

6. B ??

20.

34. B

48. B

7. A

21. C

35. A

49. A

8. B

22. C

36. A

50. A

9. A

23. C

37.

51. D

10. D

24. D

38. A ??

52. B

11. C

25. B

39. A

53. C

12. D

26. B

40. B

54. B

13. D

27. A

41. C

55. B

14. Parasitic  
association  
a type of symbiotic  
relationship

28. D

42. B ??

56. B