

**UNIVERSITY OF TORONTO
FACULTY OF MEDICINE**

COURSE:

INSTRUCTOR:

CORRECT MARK:



CORRECT MARK



MARK YOUR ANSWERS BELOW:

To change answers Cleanly Erase

Do NOT Smudge

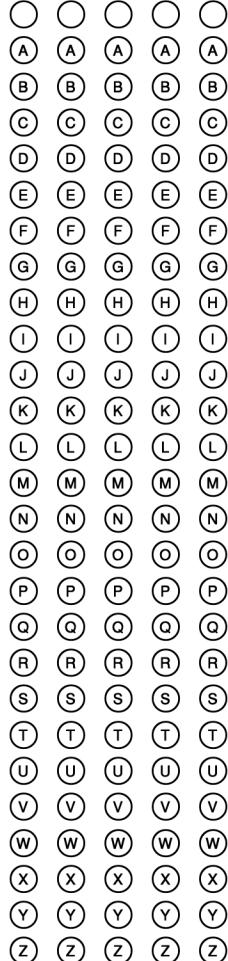
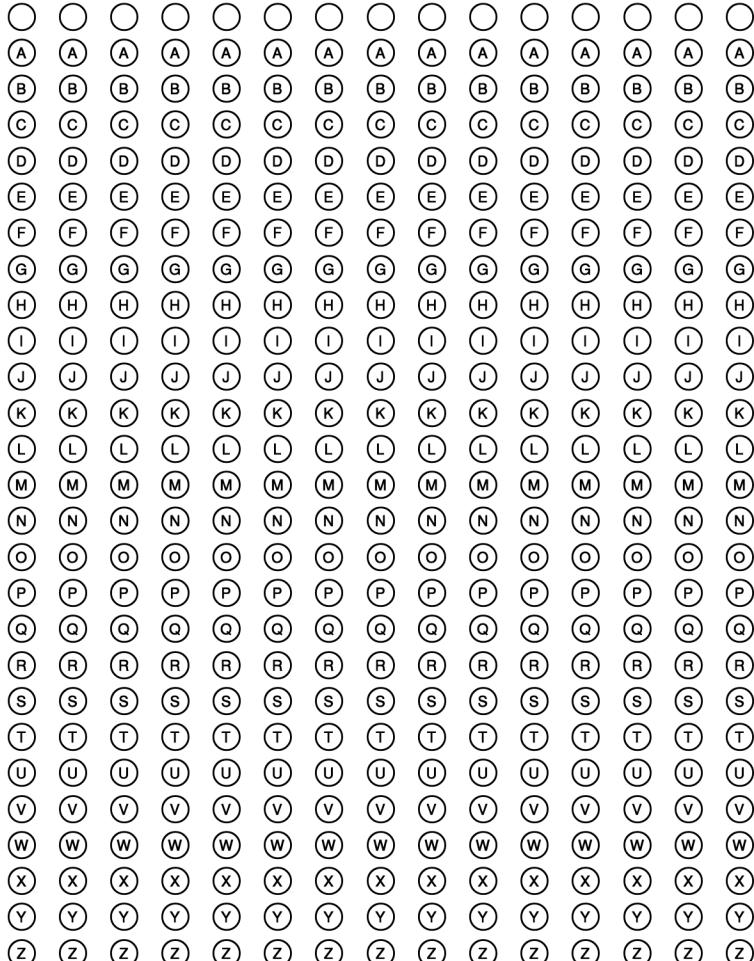
STUDENT LASTNAME*

(For longer names, fill in as many characters that fit. Use blank character for space/dash)

FIRSTNAME

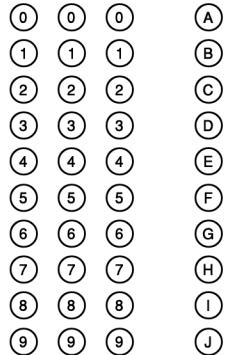
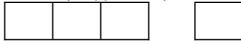
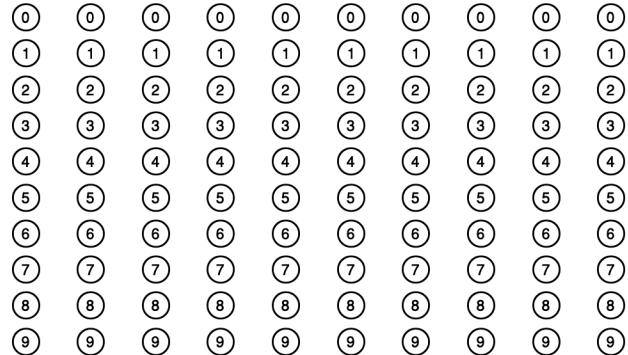
(First 5 letters)

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STUDENT NUMBER*

(Print all digits below. Insert zero in the first box for a 9-digit number.)



**NOTE: It is the responsibility of the Exam Taker to complete and code ALL FIELDS accurately.*

Stray marks and smudged erasing will detect as multiple answers resulting in zero points.

FULLNAME: (Please print)

SIGNATURE:

DATE:



PRINTING REQUIREMENTS: Printer must be set to "Actual Size"; For double-sided printing set "Flip on LONG edge." (Version April 2018)