

Renaissance

INTERNATIONAL SCHOOL SAIGON

Score = 10 / 40

MCQ answer sheet / Phiếu
trả lời MCQ / 객관식 문항 답안지

See instructions overleaf / Xem hướng dẫn cuối trang /
뒷면의 지침을 참고하시오

Session year: Năm: 세션 연도:	2025	Month: Tháng: : 월:	D <input checked="" type="checkbox"/> J <input type="checkbox"/>
Subject / Môn thi / 웅시 과목:	Physics		
Level / Cấp / 레벨:	HL <input checked="" type="checkbox"/>	SL <input type="checkbox"/>	Paper: Phản kiểm tra: <input type="checkbox"/> 1 페이지:
Candidate name: Họ tên thí sinh: 웅시자 성명:	DUONG QUOC THINH		

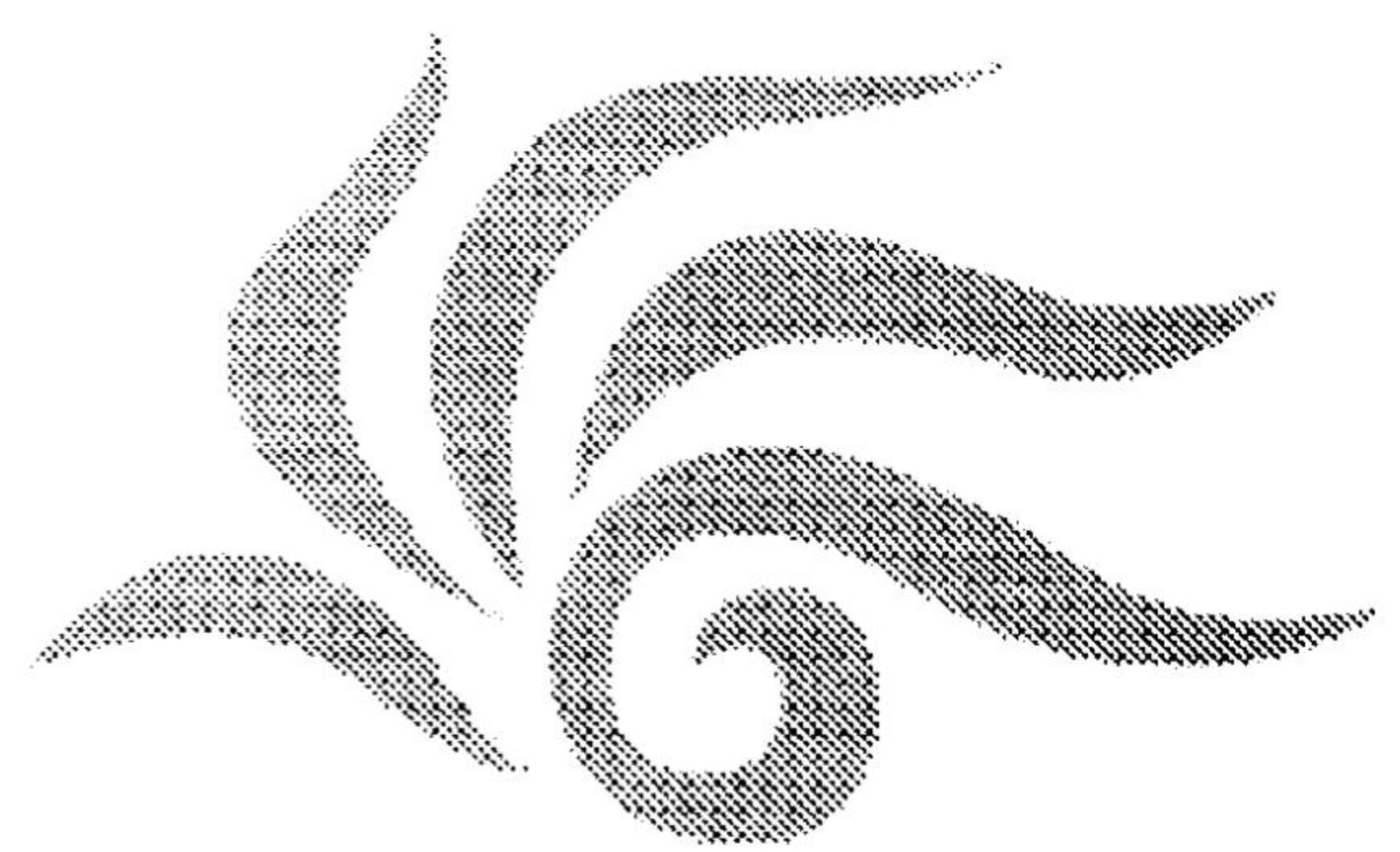
Invigilator only:
Phản dàn cho giám khảo:
시험 감독관에게만 해당:

Candidate absent (insert ✕ if applicable)
Thí sinh vắng mặt (đánh dấu ✕) nếu có thể
결석한 응시자 (해당된다면 ✕ 를 기입하시오)

1	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
2	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3	<input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
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5	<input checked="" type="checkbox"/> A	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
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8	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>
9	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
10	A <input type="checkbox"/>	<input checked="" type="checkbox"/> B	C <input type="checkbox"/>	D <input type="checkbox"/>
11	A <input type="checkbox"/>	<input checked="" type="checkbox"/> B	C <input type="checkbox"/>	D <input type="checkbox"/>
12	<input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
13	A <input type="checkbox"/>	<input checked="" type="checkbox"/> B	C <input type="checkbox"/>	D <input type="checkbox"/>
14	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>

15	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
16	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
17	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
18	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
19	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
20	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
21	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
22	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
23	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
24	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
25	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
26	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
27	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
28	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>

29	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
30	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
31	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
32	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
33	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
34	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
35	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
36	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
37	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
38	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>
39	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> C	D <input type="checkbox"/>
40	A <input type="checkbox"/>	B <input type="checkbox"/>	<input checked="" type="checkbox"/> D	<input type="checkbox"/>



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Subject / Môn thi / 응시 과목:	physics HL		
Level / Cấp / 레벨:	HL <input checked="" type="checkbox"/>	SL <input type="checkbox"/>	Paper: Phần kiểm tra: 1 페이지:
Candidate name: Họ tên thí sinh: 응시자 성명:	TRAN QUANG PHAT		

Invigilator only:
Phần dành cho giám khảo:
시험 감독관에게만 해당:

1	A	B	<input checked="" type="checkbox"/> C	D
2	<input checked="" type="checkbox"/> B	C	D	
3		<input checked="" type="checkbox"/> C	D	
4		<input checked="" type="checkbox"/> D		
5	A	<input checked="" type="checkbox"/> B	D	
6		B	<input checked="" type="checkbox"/> C	D
7		<input checked="" type="checkbox"/> C	D	
8		<input checked="" type="checkbox"/> D		
9	A	<input checked="" type="checkbox"/> B	D	
10		B	<input checked="" type="checkbox"/> C	D
11		<input checked="" type="checkbox"/> C	D	
12		<input checked="" type="checkbox"/> D		
13	A	<input checked="" type="checkbox"/> B	D	
14		B	<input checked="" type="checkbox"/> C	D

Candidate absent (insert ✕ if applicable)
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15	A	B	<input checked="" type="checkbox"/> C	D
16	A	B	<input checked="" type="checkbox"/> D	
17	A	B	<input checked="" type="checkbox"/> C	D
18	A	B	<input checked="" type="checkbox"/> D	
19	A	B	<input checked="" type="checkbox"/> C	D
20	A	B	<input checked="" type="checkbox"/> D	
21	A	B	<input checked="" type="checkbox"/> C	D
22	A	B	<input checked="" type="checkbox"/> D	
23	A	B	<input checked="" type="checkbox"/> C	D
24	A	B	<input checked="" type="checkbox"/> D	
25	A	B	<input checked="" type="checkbox"/> C	D
26	A	B	<input checked="" type="checkbox"/> D	
27	A	B	<input checked="" type="checkbox"/> C	D
28	A	B	<input checked="" type="checkbox"/> D	

29	A	B	<input checked="" type="checkbox"/> C	D
30	A	B	<input checked="" type="checkbox"/> D	
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32	A	B	<input checked="" type="checkbox"/> D	
33	A	B	<input checked="" type="checkbox"/> C	D
34	A	B	<input checked="" type="checkbox"/> D	
35	A	B	<input checked="" type="checkbox"/> C	D
36	A	B	<input checked="" type="checkbox"/> D	
37	A	B	<input checked="" type="checkbox"/> C	D
38	A	B	<input checked="" type="checkbox"/> D	
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