

Session year: Năm: 세션 연도:	<input type="text"/>	Month: Tháng: : 월:	D <input type="checkbox"/> J <input type="checkbox"/>
Subject / Môn thi / 응시 과목:	<b>Sport Science</b>		
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input checked="" type="checkbox"/>	Paper: Phân kiểm tra: <input type="checkbox"/> 페이지:
Candidate name: Họ tên thí sinh: 응시자 성명:			

Invigilator only: Phản dành cho giám khảo: 시험 감독관에게만 해당:				Candidate absent (insert ✗ if applicable) Thí sinh vắng mặt (danh dấu ✗) nếu có thể 결석한 응시자 (해당된다면 ✗를 기입하시오)				<input type="checkbox"/>						
1	<input checked="" type="checkbox"/>	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	15	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> D	29	<input checked="" type="checkbox"/>	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
2	<input type="checkbox"/> A	<input checked="" type="checkbox"/>	<input type="checkbox"/> C	<input type="checkbox"/> D	16	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> ✗	30	<input type="checkbox"/> A	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> C	<input type="checkbox"/> D
3	<input checked="" type="checkbox"/>	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	17	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> C	31	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
4	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> ✗	18	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> ✗	32	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
5	<input checked="" type="checkbox"/>	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	19	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> C	33	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
6	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> D	20	<input type="checkbox"/> A	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> B	<input type="checkbox"/> C	34	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
7	<input checked="" type="checkbox"/>	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	21	<input checked="" type="checkbox"/>	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	35	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
8	<input type="checkbox"/> A	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> C	<input type="checkbox"/> D	22	<input checked="" type="checkbox"/>	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> C	36	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
9	<input checked="" type="checkbox"/>	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> D	23	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> C	37	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
10	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> D	24	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> ✗	38	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
11	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> ✗	25	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> ✗	39	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
12	<input type="checkbox"/> A	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> C	<input type="checkbox"/> D	26	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input checked="" type="checkbox"/> ✗	40	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D
13	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input checked="" type="checkbox"/> ✗	27	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> C					
14	<input type="checkbox"/> A	<input type="checkbox"/> B	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> D	28	<input type="checkbox"/> A	<input checked="" type="checkbox"/> ✗	<input type="checkbox"/> C	<input type="checkbox"/> D					

Session year: Năm: 세션 연도:	2024	Month: Tháng: : 월:	D <input checked="" type="checkbox"/> J <input type="checkbox"/>
Subject / Môn thi / 응시 과목:	Sport exercise + health science		
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input checked="" type="checkbox"/>	Paper: Phân kiểm tra: <input type="checkbox"/> 1 페이지:
Candidate name: Họ tên thí sinh: 응시자 성명:			

Invigilator only: Phần dành 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)				<input type="checkbox"/>						
1	A	B	✗	D	15	A	✗	C	D	29	A	B	✗	D
2	A	✗	C	✗	16	A	B	C	✗	30	A	✗	C	D
3	✗	B	C	D	17	✗	B	C	✗	31	A	B	C	D
4	A	B	✗	D	18	A	B	C	✗	32	A	B	C	D
5	A	✗	✗	D	19	A	B	✗	D	33	A	B	C	D
6	A	B	✗	D	20	A	B	✗	D	34	A	B	C	D
7	✗	B	C	D	21	A	B	C	✗	35	A	B	C	D
8	A	B	✗	D	22	A	✗	C	D	36	A	B	C	D
9	✗	B	C	D	23	A	B	✗	D	37	A	B	C	D
10	✗	B	C	D	24	A	B	C	✗	38	A	B	C	D
11	A	✗	C	D	25	✗	B	C	D	39	A	B	C	D
12	✗	B	C	D	26	A	B	✗	D	40	A	B	C	D
13	A	✗	C	D	27	A	B	C	✗					
14	A	B	C	✗	28	A	B	✗	D					

Session year: Năm: 세션 연도:	2024	Month: Tháng: : 월:	D <input type="checkbox"/> 12 J <input type="checkbox"/> 2.
Subject / Môn thi / 응시 과목:	Sports science		
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input checked="" type="checkbox"/>	Paper: Phản kiểm tra: <input type="checkbox"/> 1 페이지:
Candidate name: Họ tên thí sinh: 응시자 성명:			

**Invigilator only:**  
Phản dành cho giám khảo:  
시험 감독관에게만 해당:

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

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

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

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

Session year: Năm: 세션 연도:	<input type="text"/>	Month: Tháng: : 월:	D <input type="checkbox"/> J <input type="checkbox"/>
Subject /Môn thi / 응시 과목:	<input type="text"/>		
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input type="checkbox"/>	Paper: Phân kiểm tra: <input type="checkbox"/> 페이지:
Candidate name: Họ tên thí sinh: 응시자 성명:			

Invigilator only: Phản dành 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)				<input type="checkbox"/>																																							
1 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	15 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	29 <input checked="" type="checkbox"/> X <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		2 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	16 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	30 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D		31 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	32 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	33 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	34 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	35 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	36 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	37 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	38 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	39 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	40 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D																														
3 <input checked="" type="checkbox"/> X <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	17 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D			4 <input type="checkbox"/> A <input checked="" type="checkbox"/> X <input type="checkbox"/> C <input type="checkbox"/> D	18 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D			5 <input type="checkbox"/> A <input checked="" type="checkbox"/> X <input type="checkbox"/> C <input type="checkbox"/> D	19 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> X <input type="checkbox"/> D			6 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> X <input type="checkbox"/> D	20 <input type="checkbox"/> A <input checked="" type="checkbox"/> X <input type="checkbox"/> C <input type="checkbox"/> D			7 <input checked="" type="checkbox"/> X <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	21 <input checked="" type="checkbox"/> X <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			8 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	22 <input checked="" type="checkbox"/> X <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			9 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> X <input type="checkbox"/> D	23 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> X <input type="checkbox"/> D			10 <input checked="" type="checkbox"/> X <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	24 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D			11 <input type="checkbox"/> A <input checked="" type="checkbox"/> X <input type="checkbox"/> C <input type="checkbox"/> D	25 <input checked="" type="checkbox"/> X <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D			12 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	26 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D			13 <input checked="" type="checkbox"/> X <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	27 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D			14 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> X <input type="checkbox"/> D	28 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> X <input type="checkbox"/> D		

Session year:

Năm:

세션 연도:

2024

Month:

Tháng:

월:

D 2 J 12

Subject / Môn thi / 응시 과목:

SHE S

Level / Cấp / 레벨:

HL

SL

Paper:  
Phản kiểm tra: 1  
페이지:

Candidate name:

Họ tên thí sinh:

응시자 성명:

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

- 1  B  C  D  
2 A   D  
3  B C D  
4 A  C D  
5 A  C D  
6 A B  D  
7 A B C   
8 A B C   
9  B C D  
10  B C D  
11 A B C   
12 A B C   
13 A  C D  
14 A  C D

- 15 A B C   
16  B C   
17 A B    
18  B C D  
19  B C D  
20 A  C D  
21 A B C   
22 A B  D  
23 A B  D  
24 A B C   
25  B C   
26 A B  D  
27 A B  D  
28 A  C

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

- 29 A B C   
30 A B C   
31 A B C D  
32 A B C D  
33 A B C D  
34 A B C D  
35 A B C D  
36 A B C D  
37 A B C D  
38 A B C D  
39 A B C D  
40 A B C D

Session year: Năm: 세션 연도:	<input type="text"/>	Month: Tháng: : 월:	D <input type="checkbox"/> J <input type="checkbox"/>
Subject / Môn thi / 응시 과목:	SEHS		
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input checked="" type="checkbox"/>	Paper: Phản kiểm tra: <input type="checkbox"/> 페이지:
Candidate name: Họ tên thí sinh: 응시자 성명:			

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	B	X	D
2	A	X	C	D
3	X	B	C	D
4	A	X	C	D
5	A	X	C	D
6	A	B	X	D
7	X	B	C	D
8	A	B	X	D
9	A	B	X	D
10	X	B	C	D
11	A	X	C	D
12	A	B	C	X
13	A	X	C	D
14	A	B	X	D

15	A	X	C	B
16	A	B	C	X
17	A	B	X	D
18	A	B	C	X
19	A	B	X	D
20	A	X	C	D
21	A	B	C	X
22	A	X	C	D
23	A	B	X	D
24	A	B	C	X
25	X	B	C	D
26	A	B	X	D
27	A	B	X	D
28	A	B	X	D

29	A	X	C	D
30	A	X	C	D
31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D
36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
40	A	B	C	D

Session year: Năm: 세션 연도:	<input type="text"/>	Month: Tháng: : 월:	D <input type="checkbox"/> J <input type="checkbox"/>
Subject / Môn thi / 응시 과목:	Sport, exercise and health science		
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input type="checkbox"/>	Paper: Phản kiểm tra: <input type="checkbox"/> 페이지:
Candidate name: Họ tên thí sinh: 응시자 성명:			

Invigilator only: Phản dàn cho giám khảo: 시험 감독관에게만 해당:				Candidate absent (insert ✕ if applicable) Thí sinh vắng mặt (dán dấu ✕) nếu có thể 결석한 응시자 (해당된다면 ✕ 를 기입하시오)											
1	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	15	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	29	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	
2	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	16	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	* 30	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	
3	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	* 17	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	31	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	
4	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	18	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	32	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	
*	5	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	* 19	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	33	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
6	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	20	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	34	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	
7	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	21	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	35	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	
8	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	* 22	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	36	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	
9	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	23	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	37	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	
*	10	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	24	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	38	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
*	11	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	25	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	39	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
*	12	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	26	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	40	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
13	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	* 27	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>						
14	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	* 28	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>						

Session year: Năm: 세션 연도:	<b>2024</b>	Month: Tháng: : 월:	D <input type="checkbox"/> J <input type="checkbox"/>
Subject / Môn thi / 응시 과목:	<b>Sports science</b>		
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input checked="" type="checkbox"/>	Paper: Phản kiểm tra: <input type="checkbox"/> 페이지:
Candidate name: Họ tên thí sinh: 응시자 성명:			

<b>Invigilator only:</b> <b>Phản dành cho giám khảo:</b> 시험 감독관에게만 해당:				<b>Candidate absent (insert ✗ if applicable)</b> Thí sinh vắng mặt (đánh dấu ✗) nếu có thể 결석한 응시자 (해당된다면 ✗를 기입)하시오										
1	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>	15	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>	29	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>
/ 2	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	/ 16	A <input checked="" type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	/ 30	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
3	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	/ 17	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>	31	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
4	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	18	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>	32	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
5	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	19	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>	33	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
6	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>	/ 20	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	34	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
7	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	21	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	35	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
/ 8	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>	/ 22	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	36	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
/ 9	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>	/ 23	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>	37	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
/ 10	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	24	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>	38	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
11	A <input type="checkbox"/>	B <input checked="" type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	25	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	39	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
/ 12	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>	26	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>	40	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>
13	A <input checked="" type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	/ 27	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>					
/ 14	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input type="checkbox"/>	D <input checked="" type="checkbox"/>	/ 28	A <input type="checkbox"/>	B <input type="checkbox"/>	C <input checked="" type="checkbox"/>	D <input type="checkbox"/>					

Session year: Năm: 세션 연도:	<input type="text"/>	Month: Tháng: : D <input type="checkbox"/> J <input type="checkbox"/> 월:
Subject /Môn thi / 웅시 과목:	<input type="text"/>	
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input type="checkbox"/>
Candidate name: Họ tên thí sinh: 웅시자 성명:		
Invigilator only: Phản dành cho giám khảo: 시험 감독관에게만 해당:	Candidate absent (insert ✕ if applicable) Thí sinh vắng mặt (dán dấu ✕) nếu có thể 결석한 응시자(해당된다면 ✕를 기입하시오)	
1 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	15 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	29 <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
2 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	16 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	30 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
3 <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	17 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	31 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
4 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	18 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	32 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
5 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	19 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	33 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
6 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	20 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	34 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
7 <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	21 <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	35 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
8 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	22 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	36 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
9 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	23 <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	37 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
10 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input checked="" type="checkbox"/> D	24 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	38 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
11 <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	25 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	39 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
12 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D	26 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	40 <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
13 <input type="checkbox"/> A <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	27 <input checked="" type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	
14 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input type="checkbox"/> D	28 <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C <input checked="" type="checkbox"/> D	

nh: QCM

Session year: Năm: 세션 연도:	2024	Month: Tháng:: 월:	D <input checked="" type="checkbox"/> J <input type="checkbox"/>
Subject / Môn thi / 응시 과목:	Sports Science		
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input checked="" type="checkbox"/>	Paper: Phản kiểm tra: 1 페이지:
Candidate name: Họ tên thí sinh: 응시자 성명:			

Invigilator only:  
Phản dành 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	B	C	D
2 A	B	C	D
3 B	A	C	D
4 A	B	C	
5 B	A	C	D
6 A	B		D
7 B	A	C	D
8 A	B	C	
9 A	B		D
10 A	B	C	
11 A	B	C	D
12 A	B	C	D
13 A	B	C	D
14 A	B	C	

15 A	B	C	D
16 A	B	C	
17 B	A	C	D
18 A	B	C	
19 A	B		D
20 A	B	C	D
21 A	B	C	D
22 A	B	C	D
23 B	A	C	D
24 A	B	C	
25 A	B	C	D
26 A	B		D
27 A	B	C	D
28 A	B		D

29 A	B	C	D
30 A	B		D
31 A	B	C	D
32 A	B	C	D
33 A	B	C	D
34 A	B	C	D
35 A	B	C	D
36 A	B	C	D
37 A	B	C	D
38 A	B	C	D
39 A	B	C	D
40 A	B	C	D

Session year: Năm: 세션 연도:	2024	Month: Tháng: : D <input type="checkbox"/> J <input type="checkbox"/> 월:
Subject / Môn thi / 응시 과목:	SEHS	
Level / Cấp / 레벨:	HL <input type="checkbox"/>	SL <input checked="" type="checkbox"/>
Candidate name: Họ tên thí sinh: 응시자 성명:		

**Invigilator only:**  
**Phản dành cho giám khảo:**  
 시험 감독관에게만 해당:

1	A	B	X	D
2	A	B	C	X
3	X	B	C	D
4	A	X	C	D
5	A	X	C	D
6	A	B	X	D
7	X	B	C	D
8	A	B	X	D
9	A	B	X	D
10	X	B	C	D
11	A	X	C	D
12	A	B	C	X
13	A	X	C	D
14	A	B	X	D

15	A	B	C	X
16	A	B	C	X
17	A	B	X	D
18	A	B	C	X
19	A	B	X	D
20	A	X	C	D
21	A	X	C	D
22	A	X	C	D
23	A	B	X	D
24	A	B	C	X
25	X	B	C	D
26	A	B	X	D
27	A	B	C	X
28	A	B	C	X

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

29	A	X	C	D
30	A	X	C	D
31	A	B	C	D
32	A	B	C	D
33	A	B	C	D
34	A	B	C	D
35	A	B	C	D
36	A	B	C	D
37	A	B	C	D
38	A	B	C	D
39	A	B	C	D
40	A	B	C	D