

Hong Kong Journal of Paediatrics

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Answer Sheet

Instructions:

1. Please use pencil to shade the box for the best and correct answer (**only one answer for each question**).
2. Send back the answer sheet (see loose leaf page) to the Hong Kong College of Paediatricians. One point will be awarded to each article if ≥ 3 of the 5 answers are correct. The total score of the 4 articles will be 4 CME points.

Please return the answer sheet to CME Subcommittee c/o Secretariat, Hong Kong College of Paediatricians by email (enquiry@paediatrician.org.hk), by fax (2785 1850) OR by mail (address in the space provided on the overleaf) by 15th July 2018.

Please fill in your Name: _____ CME No. _____

Contact Phone No. _____ Email: _____

MCQ can also be done at Hong Kong Academy of Medicine's iCMECPD website <http://www.icmecpd.hk>

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|------------------------------------|------------------------------------|------------------------------------|------------------------------------|
| (A) 1. a. <input type="checkbox"/> | (B) 1. a. <input type="checkbox"/> | (C) 1. a. <input type="checkbox"/> | (D) 1. a. <input type="checkbox"/> |
| b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> |
| c. <input type="checkbox"/> | c. <input type="checkbox"/> | c. <input type="checkbox"/> | c. <input type="checkbox"/> |
| d. <input type="checkbox"/> | d. <input type="checkbox"/> | d. <input type="checkbox"/> | d. <input type="checkbox"/> |
| e. <input type="checkbox"/> | e. <input type="checkbox"/> | e. <input type="checkbox"/> | e. <input type="checkbox"/> |
| 2. a. <input type="checkbox"/> | 2. a. <input type="checkbox"/> | 2. a. <input type="checkbox"/> | 2. a. <input type="checkbox"/> |
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| 3. a. <input type="checkbox"/> | 3. a. <input type="checkbox"/> | 3. a. <input type="checkbox"/> | 3. a. <input type="checkbox"/> |
| b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> |
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| 4. a. <input type="checkbox"/> | 4. a. <input type="checkbox"/> | 4. a. <input type="checkbox"/> | 4. a. <input type="checkbox"/> |
| b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> |
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| 5. a. <input type="checkbox"/> | 5. a. <input type="checkbox"/> | 5. a. <input type="checkbox"/> | 5. a. <input type="checkbox"/> |
| b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> | b. <input type="checkbox"/> |
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| e. <input type="checkbox"/> | e. <input type="checkbox"/> | e. <input type="checkbox"/> | e. <input type="checkbox"/> |

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