

# Hong Kong Journal of Paediatrics

April 2023

## 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  $\geq 3$  of the 4 answers are correct. The total score of the 5 articles will be **5 Active Category D CME points**.

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

Alternatively, please return the answer sheet to CME Subcommittee c/o Secretariat, Hong Kong College of Paediatricians by email ([hkjpgaed@paediatrician.org.hk](mailto:hkjpgaed@paediatrician.org.hk)), by fax (2785 1850) OR by mail (address in the space provided on the overleaf) by **15th July 2023**.

Please fill in your Name: \_\_\_\_\_ CME No. \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

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|------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| (A) 1. a. <input type="checkbox"/> | 2. a. <input type="checkbox"/> | 3. 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"/>    |
| 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"/>    |

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|--------------------------------|--------------------------------|--------------------------------|------------------------------------|
| 2. a. <input type="checkbox"/> | 3. a. <input type="checkbox"/> | 4. a. <input type="checkbox"/> | (E) 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"/>        |

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|--------------------------------|--------------------------------|------------------------------------|--------------------------------|
| 3. a. <input type="checkbox"/> | 4. a. <input type="checkbox"/> | (D) 1. a. <input type="checkbox"/> | 2. 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"/>    |

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|--------------------------------|------------------------------------|--------------------------------|--------------------------------|
| 4. a. <input type="checkbox"/> | (C) 1. a. <input type="checkbox"/> | 2. 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"/>    |
| 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"/>    |

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|------------------------------------|--------------------------------|--------------------------------|--------------------------------|
| (B) 1. a. <input type="checkbox"/> | 2. a. <input type="checkbox"/> | 3. 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"/>    |
| 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"/>    |

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