

# Hong Kong Journal of Paediatrics

April Issue 2019

## Answer Sheet

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### 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 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 2019.

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"/>     |
| 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"/>        |
| 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"/>        |
| 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"/>        |
| 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"/>        |
| 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"/>        |
| 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"/>        |
| 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"/>        |