

Candidate Name: _____
Station no.: _____

Place your BAR CODE Here

Prescription Screening Answer Sheet

R _x 1	<input type="radio"/> No problem - can be processed as written <input type="radio"/> Problem(s) - describe PROBLEM (S) clearly: ----- ----- -----
R _x 2	<input type="radio"/> No problem - can be processed as written <input type="radio"/> Problem(s) - describe PROBLEM (S) clearly: ----- ----- -----
R _x 3	<input type="radio"/> No problem - can be processed as written <input type="radio"/> Problem(s) - describe PROBLEM (S) clearly: ----- ----- -----
R _x 4	<input type="radio"/> No problem - can be processed as written <input type="radio"/> Problem(s) - describe PROBLEM (S) clearly: ----- ----- -----
R _x 5	<input type="radio"/> No problem - can be processed as written <input type="radio"/> Problem(s) - describe PROBLEM (S) clearly: ----- ----- -----

Scoring information

Score	Result
5/5 correct	Fully Solved
4/5 or 3/5 correct	Marginally Solved
2/5 correct	Uncertain
1/5 or 0/5 correct	Unsolved