FMTB FIELD MEDICAL SERVICE TECHNICIAN (FMST) 201–211 PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

VISIT US ONLINE FOR THE FULL VERSION STUDY GUIDE

https://fmtbfmst201to211.examzify.com

Copyright © 2026 by Examzify - A Kaluba Technologies Inc. product.

ALL RIGHTS RESERVED.

No part of this book may be reproduced or transferred in any form or by any means, graphic, electronic, or mechanical, including photocopying, recording, web distribution, taping, or by any information storage retrieval system, without the written permission of the author.

Notice: Examzify makes every reasonable effort to obtain accurate, complete, and timely information about this product from reliable sources.

SAMPLE

Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

SAMPLE

Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

SAMPLE

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

SAMPLE

Questions

SAMPLE

1. One of the sources of stress injury?

A. Daydreaming

B. Reading during mission

C. Life threat

D. Cleanliness

2. Which findings suggest neurotoxic envenomation?

A. Severe local pain and swelling.

B. Bleeding and tissue destruction.

C. Rash and itching.

D. Weakness, visual symptoms, swallowing impairment, muscle dysfunction, and respiratory paralysis.

3. Which statement best matches red flag conditions in WBGT guidelines?

A. Continue PT with caution

B. Halt PT for 1 week

C. Halt PT during training

D. Halt PT unless thoroughly acclimatized by at least 12 weeks

4. Which option is NOT part of basic measures for uncomplicated combat stress reactions?

A. Sleep/rest

B. Food

C. Water

D. Prescription analgesics or sedatives

5. Which findings suggest hemotoxic envenomation?

A. Weakness, visual symptoms, swallowing impairment, respiratory paralysis.

B. Nasal congestion and sneezing.

C. Severe local pain, progressive swelling/discoloration, tissue damage, and abnormal bleeding.

D. Rash and itchy skin.

SAMPLE

6. Which description best characterizes the FRSS's operating capability when a full surgical company cannot be employed ashore?

A. Large, fixed-capacity hospital capability

B. Telemedicine only

C. Routine supply chain support

D. Small, mobile, lifesaving surgical capability

7. What preventive medications are named for malaria?

A. Chloroquine only

B. Primaquine and doxycycline only

C. Mefloquine and doxycycline

D. Doxycycline, chloroquine, and primaquine

8. What is the first step in heatstroke management in the field?

A. Initiate rapid cooling

B. Administer oral fluids

C. Elevate feet only

D. Wait for transport

9. What is the meaning of the triage category 'Expectant'?

A. Casualties who are likely to die without immediate intervention.

B. Survival unlikely with resources/time available; comfort and reassessment remain required.

C. All injuries can be treated with standard protocols.

D. No medical attention should be given.

10. From what distance should latrines be placed from berthing areas?

A. 100 feet

B. 50 feet

C. 100 feet

D. 150 feet

SAMPLE

Answers

SAMPLE

1. C
2. D
3. D
4. D
5. C
6. D
7. D
8. A
9. B
10. B

SAMPLE

Explanations

SAMPLE

1. One of the sources of stress injury?

A. Daydreaming

B. Reading during mission

C. Life threat

D. Cleanliness

The main idea is understanding what situations most directly cause stress injuries in a field setting. A life-threatening situation directly endangers safety and triggers a strong stress response—the body's fight-or-flight reaction—raising heart rate, releasing stress hormones, and narrowing focus. This acute stress can impair judgment and performance and, with repeated exposure, contribute to chronic stress or injury. That's why life threat is the best answer: it represents an actual danger to safety that can lead to a stress injury. Daydreaming isn't by itself a source of stress injury; it may reflect fatigue or disengagement but doesn't inherently create the hazard. Reading during a mission isn't a stress trigger and can be a coping or information-seeking activity. Cleanliness affects infection risk and morale, not direct stress injury.

2. Which findings suggest neurotoxic envenomation?

A. Severe local pain and swelling.

B. Bleeding and tissue destruction.

C. Rash and itching.

D. Weakness, visual symptoms, swallowing impairment, muscle dysfunction, and respiratory paralysis.

Neurotoxic envenomation disrupts neuromuscular transmission, so the signs span nerves and muscles rather than causing only local tissue damage. The pattern described—weakness with visual disturbances, swallowing impairment, generalized muscle dysfunction, and respiratory paralysis—points to cranial nerve involvement and weakening of the respiratory muscles, which are classic features of neurotoxins at the neuromuscular junction. Other venom effects like severe local pain and swelling reflect tissue-damaging components, bleeding and tissue destruction show coagulopathic or cytotoxic venom, and rash or itching can indicate hypersensitivity—none of which specifically indicate neurotoxic spread. When these neuro signs appear, airway protection and rapid antivenom management are critical.

3. Which statement best matches red flag conditions in WBGT guidelines?

A. Continue PT with caution

B. Halt PT for 1 week

C. Halt PT during training

D. Halt PT unless thoroughly acclimatized by at least 12 weeks

Red flag WBGT conditions signal the highest risk from heat and heat illness. In these situations, training should be halted unless individuals have undergone thorough heat acclimatization, typically described as an acclimation period of about 12 weeks. This extended acclimatization allows the body to adapt by increasing plasma volume, improving cardiovascular stability, achieving more efficient and earlier sweating, and reducing the rise in core temperature during activity. With these adaptations, the risk of heat-related problems during strenuous work or exercise is significantly lowered, making it the safest approach to halt training until such acclimatization is achieved. The other options don't adequately address the elevated risk that red flag conditions convey.

SAMPLE

4. Which option is NOT part of basic measures for uncomplicated combat stress reactions?

A. Sleep/rest

B. Food

C. Water

D. Prescription analgesics or sedatives

Uncomplicated combat stress reactions are managed with simple supportive care that keeps the body functioning and the person calm: ensuring adequate sleep or rest, providing food, and maintaining hydration with water. These basics address fatigue, energy, and dehydration, helping the individual stabilize without masking symptoms. Prescription analgesics or sedatives are not part of basic measures because they require medical supervision and can dull alertness, impair judgment, and mask or worsen the ability to respond to ongoing danger in a combat environment. In the field, focus on rest, nutrition, and fluids along with reassurance and removal from excessive stress, reserving medications for situations that truly warrant medical evaluation and oversight.

5. Which findings suggest hemotoxic envenomation?

A. Weakness, visual symptoms, swallowing impairment, respiratory paralysis.

B. Nasal congestion and sneezing.

C. Severe local pain, progressive swelling/discoloration, tissue damage, and abnormal bleeding.

D. Rash and itchy skin.

Hemotoxic envenomation involves toxins that attack blood and surrounding tissues, producing local tissue destruction and systemic bleeding problems. The findings described—severe local pain, progressive swelling and discoloration, tissue damage, and abnormal bleeding—reflect that pattern: the venom damages vessels and clotting factors, leading to both tissue injury at the bite site and unpredictable bleeding elsewhere. Neurotoxic envenomation, by contrast, tends to produce nervous-system–based signs such as weakness, visual disturbances, trouble swallowing, and respiratory paralysis, which is why those symptoms belong to a different pattern. The other options describe symptoms not characteristic of venom-induced blood and tissue damage (nasal congestion and sneezing; rash and itchy skin), so they don't fit hemotoxic envenomation.

6. Which description best characterizes the FRSS's operating capability when a full surgical company cannot be employed ashore?

A. Large, fixed-capacity hospital capability

B. Telemedicine only

C. Routine supply chain support

D. Small, mobile, lifesaving surgical capability

In austere or forward environments, the ability to deliver life-saving care quickly hinges on a portable, ready-to-deploy surgical capability that can operate with limited personnel and infrastructure. The Forward Resuscitative Surgical System is designed as a compact, mobile unit that can be brought ashore or mounted where a full surgical company isn't available, providing essential operative care to stabilize patients and control life-threatening injuries until evacuation or transfer is possible. This setup focuses on damage-control surgery and rapid stabilization—things like hemorrhage control, airway management, initial abdominal or chest injuries addressed in a field operating space, and basic anesthesia—within a self-contained, field-ready platform. It isn't a large fixed hospital, and it isn't limited to telemedicine or routine supply tasks; its primary purpose is to perform critical, lifesaving surgery in a constrained setting and bridge the patient to further care. So the description that best matches FRSS in this scenario is a small, mobile, lifesaving surgical capability.

SAMPLE

7. What preventive medications are named for malaria?

A. Chloroquine only

B. Primaquine and doxycycline only

C. Mefloquine and doxycycline

D. Doxycycline, chloroquine, and primaquine

Malaria chemoprophylaxis relies on medications chosen to prevent infection by targeting different stages of the parasite. Doxycycline is taken daily and provides broad protection against malaria in many regions, though it isn't used in pregnancy and can cause photosensitivity. Chloroquine, when used, is taken weekly and remains effective only in areas with chloroquine-sensitive parasites; resistance in many locations limits its use. Primaquine specifically targets liver-stage parasites (the hypnozoites) of P. vivax and P. ovale, helping prevent relapses after travel or exposure, but it requires testing for G6PD deficiency due to risk of hemolysis and is not used for acute treatment. Together, these three drugs cover the main preventive options for malaria: doxycycline for general prophylaxis, chloroquine for areas with susceptible strains, and primaquine to prevent relapse by eradicating liver forms. Mefloquine is another prophylactic option in many settings, but the question's correct set highlights the combination of doxycycline, chloroquine, and primaquine.

8. What is the first step in heatstroke management in the field?

A. Initiate rapid cooling

B. Administer oral fluids

C. Elevate feet only

D. Wait for transport

In heatstroke, the top priority is to lower the body's core temperature as quickly as possible. In the field, that means initiating rapid cooling immediately. Remove excess clothing, apply cool or cold water to the skin, and use fans or ice packs on the neck, armpits, and groin; if conditions allow and the patient can tolerate it, cold-water immersion is highly effective. Cooling should begin right away while arranging transport to definitive care. Giving oral fluids isn't the first step because the patient may be disoriented or unable to safely swallow, and cooling has a direct impact on survival. Elevating the feet doesn't address the hyperthermia, and waiting for transport delays critical temperature reduction.

9. What is the meaning of the triage category 'Expectant'?

A. Casualties who are likely to die without immediate intervention.

B. Survival unlikely with resources/time available; comfort and reassessment remain required.

C. All injuries can be treated with standard protocols.

D. No medical attention should be given.

In mass casualty triage, decisions are made to allocate limited resources to those most likely to benefit. The category "Expectant" is reserved for those for whom survival is unlikely even with the resources and time available. The emphasis is on comfort measures and ongoing reassessment, not on aggressive life-saving attempts. This aligns with the statement that describes survival as unlikely with the resources/time available, while still providing comfort and monitoring. Other options misrepresent triage: one implies immediate life-saving intervention is likely to work, another suggests all injuries can be treated with standard protocols, and another implies no medical attention should be given—none of which accurately reflect the meaning of "Expectant."

SAMPLE

10. From what distance should latrines be placed from berthing areas?

A. 100 feet

B. 50 feet

C. 100 feet

D. 150 feet

In field sanitation, the goal is to keep waste facilities far enough away from where people live to prevent odors, pests, and potential contamination from reaching berthing areas. A distance of fifty feet provides a practical buffer that reduces the likelihood of odor and contamination impacting sleeping quarters while keeping the latrine site workable within limited space. Placing latrines much closer increases smells and pest attraction, while going much farther can waste valuable area without additional health benefit in typical setups. If possible, position the latrine so drainage and runoff move away from berthing areas, and consider wind direction to further minimize odor reach.

SAMPLE

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://fmtbfmst201to211.examzify.com

We wish you the very best on your exam journey. You've got this!

SAMPLE