PEDIATRICS EXAM 2 – EARLY CHILDHOOD PREVENTATIVE CARE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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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.

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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!

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Questions

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1. Which vaccines are included in the 4-6 year booster series if not previously vaccinated?

A. DTaP, IPV, MMR, and VAR

B. DTaP and IPV only

C. MMR and VAR only

D. DTaP, IPV, and MMR (no VAR)

2. Which of the following is a 5/6 year gross motor milestone?

A. Balances on 1 foot, hops, and skips

B. Skips on 1 foot

C. Climbs stairs alternating feet

D. Draws a person with at least 6 body parts

3. Which self-help milestone is typical for a 3-year-old?

A. Puts on coat, jacket, or shirt by self

B. Brushes teeth independently

C. Puts on shoes without help

D. Feeds self using a spoon

4. Which signs would prompt referral for vision concerns in a preschool child?

A. Normal visual acuity

B. Frequent headaches with normal vision

C. Persistent eye misalignment (strabismus) or asymmetry

D. Transient eye redness

5. For fluoride varnish scheduling, which statement is true?

A. Every 12 months

B. Weekly

C. Only once

D. Every 3–6 months, depending on risk

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6. What is the recommended daily vitamin D intake for most children aged 4–8 years?

A. 600 IU per day.

B. 400 IU per day.

C. 800 IU per day.

D. 1000 IU per day.

7. If a child screens positive for autism risk on a screening tool, what is the next step?

A. Provide only educational materials to parents.

B. Schedule a wait-and-see approach for a year.

C. Refer for MRI of the brain.

D. Refer for formal diagnostic evaluation and initiate early intervention if indicated.

8. By what age should most children have their first dental visit, and what is the primary purpose?

A. By age 1; to assess caries risk, provide hygiene guidance, and establish a dental home

B. By age 3; perform comprehensive cleaning

C. By age 2; orthodontic evaluation

D. By age 4; x-ray full mouth

9. Name common choking hazards for preschoolers and one prevention strategy.

A. Hot dogs, grapes, nuts, popcorn; cut foods into small pieces and supervise eating.

B. Bananas, apples, yogurt; ignore.

C. Carrots only; give whole.

D. Cheese sticks, popcorn; no supervision.

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10. How do you distinguish between developmental surveillance and screening during a well-child visit?

A. Surveillance is ongoing observation; screening uses standardized tools at specific intervals to identify possible delays.

B. Screening is ongoing observation; surveillance uses standardized tools at specific intervals.

C. Both rely on standardized tools at fixed intervals.

D. Surveillance and screening are the same.

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Answers

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

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Explanations

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1. Which vaccines are included in the 4-6 year booster series if not previously vaccinated?

A. DTaP, IPV, MMR, and VAR

B. DTaP and IPV only

C. MMR and VAR only

D. DTaP, IPV, and MMR (no VAR)

The main idea here is that the 4- to 6-year-old booster is designed to consolidate protection against several common diseases by giving a set of vaccines at one catch-up visit if the child hasn't been vaccinated before. For a child not previously vaccinated, the complete catch-up at this age includes four vaccines: DTaP to protect against diphtheria, tetanus, and pertussis; IPV for polio; MMR for measles, mumps, and rubella; and VAR for varicella. Administering all four at this stage ensures the child has immunity to these diseases before starting school. It's also common to give multiple vaccines in one visit if appropriate, since they are safe to co-administer. The other options miss one or more components, leaving gaps in protection—for example, omitting varicella or measles/mumps/rubella—so they don't provide the full 4-6 year catch-up set.

2. Which of the following is a 5/6 year gross motor milestone?

A. Balances on 1 foot, hops, and skips

B. Skips on 1 foot

C. Climbs stairs alternating feet

D. Draws a person with at least 6 body parts

Gross motor development at age 5–6 emphasizes better balance, coordination, and leg strength. Being able to balance on one foot, hop on one foot, and skip with appropriate rhythm reflects this level of control and rotational and propulsion skills. The option listing all three—balance on a foot, hop, and skip—best captures the typical 5–6 year gross motor milestone because it shows the combination of static balance, dynamic movement, and coordinated gait that develops during this period. Climbing stairs with alternating feet is usually achieved earlier, and skipping on a single foot is not the standard milestone for this age. Drawing a person with multiple body parts involves fine motor skills rather than gross motor abilities.

3. Which self-help milestone is typical for a 3-year-old?

A. Puts on coat, jacket, or shirt by self

B. Brushes teeth independently

C. Puts on shoes without help

D. Feeds self using a spoon

Self-help milestones capture a child's growing independence in daily routines. At around three years old, children usually begin to dress themselves with minimal help, and that includes putting on a coat, jacket, or shirt by themselves. They may still need guidance with fasteners like buttons or zippers, but the act of getting dressed without direct assistance is a hallmark of this age. Other tasks, while they may be developing, are typically not fully independent in a three-year-old. Shoes without help generally come a bit later, as kids often struggle with tying or fastening. Brushing teeth independently and feeding with a spoon are progressing skills, but complete independence in those areas is usually seen a bit earlier or a bit later, respectively, and depends on individual development.

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4. Which signs would prompt referral for vision concerns in a preschool child?

A. Normal visual acuity

B. Frequent headaches with normal vision

C. Persistent eye misalignment (strabismus) or asymmetry

D. Transient eye redness

In preschoolers, signs that require referral for vision concerns are those that point to a binocular alignment problem. Persistent misalignment of the eyes or a noticeable asymmetry between the eyes indicates strabismus, which can disrupt normal binocular vision and, if not treated early, lead to amblyopia (reduced vision in one eye). Early evaluation by a pediatric ophthalmologist allows targeted treatment—such as glasses to correct refractive error, patching or active optical therapy to encourage use of the weaker eye, or surgical options if needed—to prevent permanent vision loss. Normal visual acuity on its own doesn't rule out vision issues, and headaches with normal vision or transient eye redness are not specific signs of a vision problem in a preschooler. The key warning sign is eyes that do not align consistently or show asymmetry.

5. For fluoride varnish scheduling, which statement is true?

A. Every 12 months

B. Weekly

C. Only once

D. Every 3–6 months, depending on risk

Scheduling fluoride varnish is about matching how often it's done to a child's caries risk. Fluoride varnish provides a quick, safe topical dose of fluoride that helps strengthen enamel and prevent new decay, making it a practical preventive step during regular well-child or dental visits. Because risk varies—from low to high—the frequency should be tailored. The best approach is to apply varnish every 3–6 months, with more frequent applications for higher-risk children and less frequent for lower-risk children. This balances ongoing protection with practical care. Choosing a yearly interval misses opportunities to prevent decay in higher-risk kids, while a weekly or a one-time application isn't sufficient for ongoing caries prevention.

6. What is the recommended daily vitamin D intake for most children aged 4–8 years?

A. 600 IU per day.

B. 400 IU per day.

C. 800 IU per day.

D. 1000 IU per day.

Vitamin D is essential for calcium absorption and bone health. For most children aged 4–8, the recommended daily intake is 600 IU. This amount is set to maintain adequate vitamin D status with typical sun exposure and diet, and it accounts for the fact that many kids get only modest amounts from fortified foods and sunlight. Higher amounts like 800 or 1000 IU are not the standard daily target for healthy kids and are generally reserved for specific deficiency or risk situations under medical supervision. The safe upper limit for this age is 4000 IU per day.

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7. If a child screens positive for autism risk on a screening tool, what is the next step?

A. Provide only educational materials to parents.

B. Schedule a wait-and-see approach for a year.

C. Refer for MRI of the brain.

D. Refer for formal diagnostic evaluation and initiate early intervention if indicated.

When a child screens positive for autism risk, the next step is to proceed with a formal diagnostic evaluation by a qualified professional. Screening tools are designed to flag potential concerns, not confirm a diagnosis, so a comprehensive assessment is needed to determine whether the child meets criteria for an autism spectrum disorder and to identify any coexisting needs. This evaluation typically includes a detailed developmental history, observation of social communication and behavior, and standardized diagnostic instruments, along with hearing and vision checks and medical evaluation as needed. If autism is diagnosed or strongly suspected based on the assessment, start early intervention promptly, as early, evidence-based therapies can improve language, social skills, and adaptive functioning. The other options—providing only educational materials, waiting a year, or obtaining an MRI—do not address the need for a definitive diagnosis and timely intervention.

8. By what age should most children have their first dental visit, and what is the primary purpose?

A. By age 1; to assess caries risk, provide hygiene guidance, and establish a dental home

B. By age 3; perform comprehensive cleaning

C. By age 2; orthodontic evaluation

D. By age 4; x-ray full mouth

Starting preventive dental care by age 1 is about establishing a dental home and setting up lifelong preventive habits. At that first visit the clinician assesses caries risk and discusses how to protect teeth through brushing practices, fluoride use, diet, and safety to prevent injuries. This visit also introduces the family to ongoing care, making future checkups easier and more effective, and allows early guidance on teething, habits, and scheduling. It's not primarily about a deep cleaning or imaging at this stage; those are not the main goals of the first visit. The emphasis on risk assessment, anticipatory guidance, and establishing ongoing preventive care best fits the intent of early pediatric dental care.

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9. Name common choking hazards for preschoolers and one prevention strategy.

A. Hot dogs, grapes, nuts, popcorn; cut foods into small pieces and supervise eating.

B. Bananas, apples, yogurt; ignore.

C. Carrots only; give whole.

D. Cheese sticks, popcorn; no supervision.

Choking prevention in preschoolers focuses on foods that can block the airway and simple ways to reduce that risk during meals. Hot dogs, grapes, nuts, and popcorn are classic hazards because their size and shape make them easy to lodge in a small child's airway if swallowed or chewed incompletely. The best prevention is to cut these foods into small, bite-sized pieces and to supervise eating, ensuring kids chew thoroughly, don't talk with mouths full, and aren't distracted while eating. This approach directly reduces the chance of a large piece getting stuck and gives caregivers the chance to intervene quickly if a hazard arises. Other options miss the mark: those foods are not typically identified as the top hazards, and the suggested strategies are unsafe (ignoring danger, giving whole foods, or lacking supervision).

10. How do you distinguish between developmental surveillance and screening during a well-child visit?

A. Surveillance is ongoing observation; screening uses standardized tools at specific intervals to identify possible delays.

B. Screening is ongoing observation; surveillance uses standardized tools at specific intervals.

C. Both rely on standardized tools at fixed intervals.

D. Surveillance and screening are the same.

Developmental surveillance is the ongoing, informal process of watching a child grow and develop at every visit, gathering parent concerns, histories, and observations about milestones across domains (motor, language, social, cognitive) over time. Developmental screening, on the other hand, is the formal use of validated, standardized tools at specific ages to flag children who may have a delay or disorder and need further evaluation. In practice, you continuously monitor development during well-child visits and discuss any concerns, while at designated ages you administer a brief screening tool (such as ASQ or M-CHAT) to systematically identify kids who might require a more in-depth assessment. This combination ensures ongoing vigilance plus objective check points. Thus, the best answer reflects that surveillance is ongoing observation, whereas screening uses standardized tools at specified intervals to identify potential delays.

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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:

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

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