PUBLIC HEALTH JOURNEYMAN PRACTICE TEST (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. What is the condition in which living tissue is infested with maggots?

A. Myiasis.

B. Vagabond's disease.

C. Pediculosis.

D. Tularemia.

2. Which action would be classified as a mechanical control method for mosquitoes?

A. Replacing weather stripping on a door.

B. Filling in low-lying areas with dirt.

C. Depositing larvacide in stagnant water areas.

D. Placing Gambusia minnows in the base pond.

3. Which characteristic is NOT part of essential risk communication in a health emergency?

A. Timely, accurate messages

B. Transparency

C. Two-way communication and credible messengers

D. One-way communication with no feedback

4. During which life stage do mosquitoes abstain from feeding?

A. Egg

B. Larval

C. Pupal

D. Adult

5. Which has an endoskeletal structure?

A. Tick

B. Mite

C. Human

D. Scorpion

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6. In a cohort study, what is the relative risk and how is it interpreted?

A. Relative risk is the odds of disease among the exposed compared to unexposed; RR>1 indicates increased odds with exposure.

B. Relative risk is the risk of disease in the unexposed relative to the exposed; RR<1 indicates protective effect.

C. Relative risk is the ratio of the overall population risk to the exposed risk; RR=1 indicates no difference.

D. Relative risk is the risk of the outcome in the exposed divided by the risk in the unexposed; RR>1 indicates increased risk with exposure.

7. During World War II, why did two Allied units withdraw from positions previously occupied by Germans in the North African Desert?

A. Dengue fever infected the camp.

B. Malaria infected one-half of the camp.

C. Flies spread disease from the exposed feces.

D. Heat stroke affected the leaders in the desert.

8. Which feature is used to drain kitchen wastes in soakage pits?

A. Insecticides

B. Grease trap

C. Chlorine solution

D. Heat treatment

9. Which measure reflects the number of new cases that occur in a population over a specified time period relative to the population at risk?

A. Attack rate

B. Prevalence

C. Incidence proportion

D. Case fatality rate

10. What is the most abundant cockroach species in the United States?

A. Oriental

B. German

C. American

D. Brownbanded

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Answers

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

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Explanations

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1. What is the condition in which living tissue is infested with maggots?

A. Myiasis.

B. Vagabond's disease.

C. Pediculosis.

D. Tularemia.

Maggot infestation of living tissue is called myiasis. It happens when fly larvae, or maggots, invade wounds or even intact skin and feed on the host's tissue, which can cause tissue damage and risk of secondary infection. There are different forms, such as wound myiasis where larvae develop in open wounds and furuncular myiasis where they form under the skin. This term is distinct from vagabond's disease (long-standing body lice infestation with dermatitis), pediculosis (lice infestation), and Tularemia (a bacterial infection), which is not related to maggots.

2. Which action would be classified as a mechanical control method for mosquitoes?

A. Replacing weather stripping on a door.

B. Filling in low-lying areas with dirt.

C. Depositing larvacide in stagnant water areas.

D. Placing Gambusia minnows in the base pond.

Mechanical control methods use physical means to reduce mosquito contact or prevent them from entering spaces. Replacing weather stripping on a door creates a tight seal that acts as a barrier, blocking mosquitoes from slipping indoors and biting people. It's a purely physical measure, not about killing mosquitoes or altering their habitat. The other actions involve changing the environment to reduce breeding (filling in low-lying areas) or using chemicals (larvacide) or biological agents (Gambusia minnows), which are not mechanical controls.

3. Which characteristic is NOT part of essential risk communication in a health emergency?

A. Timely, accurate messages

B. Transparency

C. Two-way communication and credible messengers

D. One-way communication with no feedback

In health emergencies, effective risk communication hinges on openness, trust, and interaction. Messages should be timely and accurate so people know what to do and why. Transparency means sharing what is known, what isn't known yet, and how decisions are being made, which helps the public understand the basis for guidance. Two-way communication and credible messengers are crucial because they create space for questions, address concerns, and ensure information reaches communities in trusted ways. When information flows both ways and comes from credible sources, guidance can be clarified, corrected, and adapted as the situation evolves. One-way communication with no feedback breaks these essential practices. It prevents questions, ignores local concerns, and makes it harder to correct misunderstandings or adjust messages, which can erode trust and reduce adherence to recommendations.

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4. During which life stage do mosquitoes abstain from feeding?

A. Egg

B. Larval

C. Pupal

D. Adult

The stage where feeding stops is the pupal stage. In this brief, aquatic, metamorphic phase, the mosquito does not eat. It's a transitional period where the larval tissues are reorganized to become an adult, and energy for this transformation comes from nutrients stored during the larval stage. After this stage, the adult emerges and feeding resumes—females typically seeking blood for egg development, while males feed on nectar.

5. Which has an endoskeletal structure?

A. Tick

B. Mite

C. Human

D. Scorpion

An endoskeleton is an internal framework of bone and cartilage that supports the body, protects organs, and provides surfaces for muscle attachment so movement can occur. Humans have this internal skeleton, which grows with us and doesn't require shed-ding to enlarge. In contrast, ticks, mites, and scorpions have an exoskeleton—an external shell made of a hard material (like chitin) that covers the body. This outer skeleton protects them and provides support, but it must be shed as they grow, so they do not have an internal endoskeleton.

6. In a cohort study, what is the relative risk and how is it interpreted?

A. Relative risk is the odds of disease among the exposed compared to unexposed; RR>1 indicates increased odds with exposure.

B. Relative risk is the risk of disease in the unexposed relative to the exposed; RR<1 indicates protective effect.

C. Relative risk is the ratio of the overall population risk to the exposed risk; RR=1 indicates no difference.

D. Relative risk is the risk of the outcome in the exposed divided by the risk in the unexposed; RR>1 indicates increased risk with exposure.

In a cohort study, relative risk is the ratio of the probability of the outcome happening in the exposed group to the probability of it happening in the unexposed group. It is calculated as the risk (incidence) in the exposed divided by the risk in the unexposed. This measure works well here because cohort studies follow people over time and can directly observe how often the outcome occurs in both groups. Interpreting it: if the relative risk is greater than 1, the exposure is associated with a higher risk of the outcome; if it's equal to 1, there's no difference; if it's less than 1, the exposure is associated with a lower risk (potentially protective). Why the other statements aren't correct in this context: one option describes odds instead of risk, which is not the standard measure in cohort studies. Another option reverses the order of the two groups and misstates the interpretation, and another compares to the wrong reference. The described definition here—risk in the exposed divided by risk in the unexposed, with higher than 1 indicating increased risk—is the correct framing.

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7. During World War II, why did two Allied units withdraw from positions previously occupied by Germans in the North African Desert?

A. Dengue fever infected the camp.

B. Malaria infected one-half of the camp.

C. Flies spread disease from the exposed feces.

D. Heat stroke affected the leaders in the desert.

When disease can spread quickly through a community of soldiers, commanders may decide to pull back to stop the outbreak and protect the remaining troops. In camps during the North African Desert campaign, waste and feces often sat exposed, and flies could move pathogens from feces to food and water. This creates a rapid spread of illnesses like dysentery, weakening units and making continued occupation untenable. Pulling back allows medical teams to treat the sick, improve sanitation, and prevent further transmission, which is why withdrawal occurred in this scenario. The other options don't fit the same mechanism: dengue and malaria involve mosquitoes and operate differently in that environment, and heat stroke, while dangerous, isn't about fecal-oral transmission in the way described.

8. Which feature is used to drain kitchen wastes in soakage pits?

A. Insecticides

B. Grease trap

C. Chlorine solution

D. Heat treatment

The main idea is using a grease trap to separate fats, oils, and grease from kitchen wastewater before it reaches a soakage pit. In kitchens, greases float to the surface while the clearer water continues on toward the drainage system. A grease trap captures that greasy layer and allows only relatively grease-free water to flow into the soakage pit. This keeps soil pores from clogging, reduces odors, and helps the soakage pit percolate properly. The collected grease is then removed periodically for disposal. Other options don't fit because they don't remove or separate grease from the wastewater. Insecticides target pests, not drainage; chlorine solution disinfects but doesn't prevent grease buildup or protect soil porosity; heat treatment doesn't address the drainage issue in a soakage pit.

9. Which measure reflects the number of new cases that occur in a population over a specified time period relative to the population at risk?

A. Attack rate

B. Prevalence

C. Incidence proportion

D. Case fatality rate

Measuring new disease occurrences over a defined time uses the number of people who develop the disease divided by the number who were at risk at the start. This yields the incidence proportion, also called cumulative incidence, and it answers the question: what proportion of those at risk became cases during the period? For example, if 1,000 people without the disease are followed for one year and 50 develop it, the incidence proportion is 50 out of 1,000, or 5%. If some people already had the disease at the start, they're removed from the at-risk group, and you'd use the remaining at-risk population in the denominator. Prevalence, in contrast, measures existing cases at a point in time or over a period, not new cases, so it reflects how widespread disease is rather than the risk of developing it. Incidence rate (incidence density) uses person-time in the denominator to account for varying follow-up times. Case fatality rate looks at outcomes among those who already have the disease, not at new case occurrence. Attack rate is a term often used for outbreaks or specific exposure scenarios and is similar to cumulative incidence in that context. The measure described is incidence proportion.

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10. What is the most abundant cockroach species in the United States?

A. Oriental

B. German

C. American

D. Brownbanded

The main idea here is that one cockroach species dominates as a household pest across the United States. The German cockroach is the most abundant in homes and buildings because of its biology and habits: it's small and highly adaptable to indoor environments, reproduces quickly, and can survive in tight, warm spaces with food and moisture—like kitchens and bathrooms. Its life cycle allows multiple generations to thrive in a single year, so outnumbering other species becomes very common in indoor settings and multi-unit buildings. This combination of traits makes the German cockroach the species you're most likely to encounter in American households. In contrast, Oriental cockroaches are larger and prefer damp outdoor areas or basements rather than interiors; American cockroaches are also larger and more often associated with outdoor habitats, sewers, or expansive spaces; brownbanded cockroaches can infest indoors but are not as widespread nationwide.

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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:

https://publichealthjourneyman.examzify.com

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

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