

# Answer Sheet - #3

## Student Name: \_\_\_\_\_

1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.	mL		
9.	kg		
10.	mg		
11.	mg		
12.	mg		
13.	mg		
14.	tablets		
15.	mL per dose	mL per day	
16.	doses		
17.	mL		
18.	mL		
19.	mL		
20.	mL		
21.	tablet(s)		
22.	mL		
23.	mL		
24.	capsules		
25.	mg	mL	Safe: yes or no

When completing the answer sheet:

Multiple choice questions, document the letter of your answer.

Fill in the blank, document your answer.

For completing yes/no questions, delete the answer you do not want to choose.