

3<sup>ème</sup> Année Médecine

EXAMEN DE.....*Radiologie (EMD2)*.....

Année.....*2016 / 2017*.....

Questions / Réponses à cocher	A	B	C	D	E
Question 1			X		
Question 2	X		X		
Question 3	X		X		
Question 4				X	X
Question 5				X	
Question 6		X		X	
Question 7	X				
Question 8				X	
Question 9			X		
Question 10	X				
Question 11	X			X	
Question 12	X			X	
Question 13	X	X	X	X	
Question 14	X	X			
Question 15	X		X		X
Question 16		X			
Question 17		X			
Question 18	X				
Question 19		X	X		X
Question 20	X	X	X		