

PROGRAMA DE RESIDÊNCIA MULTIPROFISSIONAL EM SAÚDE
FISIOTERAPIA

Gabarito Preliminar

1	A	B	C	D	<input checked="" type="checkbox"/>
2	A	B	C	<input checked="" type="checkbox"/>	E
3	<input checked="" type="checkbox"/>	B	C	D	E
4	A	B	C	D	<input checked="" type="checkbox"/>
5	A	B	C	D	<input checked="" type="checkbox"/>
6	A	B	C	D	<input checked="" type="checkbox"/>
7	A	<input checked="" type="checkbox"/>	C	D	E
8	A	B	C	D	<input checked="" type="checkbox"/>
9	A	B	C	D	<input checked="" type="checkbox"/>
10	<input checked="" type="checkbox"/>	B	C	D	E
11	A	B	C	<input checked="" type="checkbox"/>	E
12	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
13	A	B	C	<input checked="" type="checkbox"/>	E
14	A	B	<input checked="" type="checkbox"/>	D	E
15	A	<input checked="" type="checkbox"/>	C	D	E
16	A	B	<input checked="" type="checkbox"/>	D	E
17	<input checked="" type="checkbox"/>	B	C	D	E
18	<input checked="" type="checkbox"/>	B	C	D	E
19	A	B	C	<input checked="" type="checkbox"/>	E
20	<input checked="" type="checkbox"/>	B	C	D	E
21	A	<input checked="" type="checkbox"/>	C	D	E
22	A	B	C	D	<input checked="" type="checkbox"/>
23	A	B	C	<input checked="" type="checkbox"/>	E
24	A	B	<input checked="" type="checkbox"/>	D	E
25	<input checked="" type="checkbox"/>	B	C	D	E
26	A	<input checked="" type="checkbox"/>	C	D	E
27	<input checked="" type="checkbox"/>	B	C	D	E
28	A	B	C	<input checked="" type="checkbox"/>	E
29	A	<input checked="" type="checkbox"/>	C	D	E
30	<input checked="" type="checkbox"/>	B	C	D	E
31	A	B	C	D	<input checked="" type="checkbox"/>
32	A	B	<input checked="" type="checkbox"/>	D	E
33	A	B	<input checked="" type="checkbox"/>	D	E
34	A	B	C	D	<input checked="" type="checkbox"/>
35	A	<input checked="" type="checkbox"/>	C	D	E
36	A	B	C	D	<input checked="" type="checkbox"/>
37	A	B	C	<input checked="" type="checkbox"/>	E
38	A	B	<input checked="" type="checkbox"/>	D	E
39	<input checked="" type="checkbox"/>	B	C	D	E
40	A	B	C	D	<input checked="" type="checkbox"/>
41	A	B	<input checked="" type="checkbox"/>	D	E
42	A	<input checked="" type="checkbox"/>	C	D	E
43	A	<input checked="" type="checkbox"/>	C	D	E
44	A	B	C	<input checked="" type="checkbox"/>	E
45	<input checked="" type="checkbox"/>	B	C	D	E
46	<input checked="" type="checkbox"/>	B	C	D	E
47	A	B	<input checked="" type="checkbox"/>	D	E
48	<input checked="" type="checkbox"/>	B	C	D	E
49	A	B	C	D	<input checked="" type="checkbox"/>
50	<input checked="" type="checkbox"/>	B	C	D	E



Comissão de Seleção