**Secretaria Municipal de Saúde**

**PROCESSO SELETIVO 01/2019**

 **AUXILIAR DE SAÚDE BUCAL**

 **GABARITO**

|  |  |
| --- | --- |
| **1** | **B** |
| **2** | **C** |
| **3** | **B** |
| **4** | **B** |
| **5** | **C** |
| **6** | **C** |
| **7** | **A** |
| **8** | **D** |
| **9** | **A** |
| **10** | **A** |
| **11** | **B** |
| **12** | **D** |
| **13** | **A** |
| **14** | **C** |
| **15** | **C** |
| **16** | **A** |
| **17** | **D** |
| **18** | **B** |
| **19** | **C** |
| **20** | **B** |
| **21** | **C** |
| **22** | **A** |
| **23** | **B** |
| **24** | **A** |
| **25** | **C** |
| **26** | **B** |
| **27** | **A** |
| **28** | **D** |
| **29** | **C** |
| **30** | **Anulada** |