

GABARITO OFICIAL

PROCESSO SELETIVO SIMPLIFICADO 001/2018

CARGO: AGENTE COMUNITÁRIO DE SAÚDE

1	A	B	<input checked="" type="checkbox"/>	D
2	<input checked="" type="checkbox"/>	B	C	D
3	<input checked="" type="checkbox"/>	B	C	D
4	<input checked="" type="checkbox"/>	B	C	D
5	<input checked="" type="checkbox"/>	B	C	D
6	A	B	<input checked="" type="checkbox"/>	D
7	A	B	<input checked="" type="checkbox"/>	D
8	<input checked="" type="checkbox"/>	B	C	D
9	A	B	<input checked="" type="checkbox"/>	D
10	A	<input checked="" type="checkbox"/>	C	D
11	A	<input checked="" type="checkbox"/>	C	D
12	A	B	<input checked="" type="checkbox"/>	D
13	<input checked="" type="checkbox"/>	B	C	D
14	A	B	C	<input checked="" type="checkbox"/>
15	A	<input checked="" type="checkbox"/>	C	D
16	A	B	<input checked="" type="checkbox"/>	D
17	A	B	<input checked="" type="checkbox"/>	D
18	NULA			
19	A	B	C	<input checked="" type="checkbox"/>
20	NULA			
21	A	B	C	<input checked="" type="checkbox"/>
22	A	<input checked="" type="checkbox"/>	C	D
23	<input checked="" type="checkbox"/>	B	C	D
24	A	B	C	<input checked="" type="checkbox"/>
25	A	B	<input checked="" type="checkbox"/>	D
26	A	<input checked="" type="checkbox"/>	C	D
27	<input checked="" type="checkbox"/>	B	C	D
28	<input checked="" type="checkbox"/>	B	C	D
29	<input checked="" type="checkbox"/>	B	C	D
30	A	B	C	<input checked="" type="checkbox"/>