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## ROSTER

Program Title: **INFECTION CONTROL (1 HR)**

Date: \_\_\_\_\_ Facility Name: \_\_\_\_\_

\*\*\*\*\****PLEASE PRINT CLEARLY***\*\*\*\*\*

CERTIFICATES CAN NOW BE EMAILED IF WE CAN READ THE EMAIL ADDRESS

1. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

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ADDRESS \_\_\_\_\_

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3. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

4. NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_

EMAIL \_\_\_\_\_

INFECTION CONTROL  
POST-TEST

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Multiple Choice

*Identify the letter that best fits the statement*

- \_\_\_ 1. The way a pathogen is transmitted from the reservoir to the new host's body is  
a. carrier  
b. portal of exit  
c. route of transmission  
d. portal of entry
- \_\_\_ 2. The means by which the pathogen enters the host body is  
a. carrier  
b. portal of exit  
c. route of transmission  
d. portal of entry
- \_\_\_ 3. Practices and procedures to remove or destroy disease-causing organisms is called  
a. contaminated  
b. medical asepsis  
c. clean  
d. immune response
- \_\_\_ 4. An infection acquired while in the health care facility is called  
a. nosocomial  
b. airborne infection  
c. infectious disease  
d. droplet infection
- \_\_\_ 5. Transmission by evaporated droplets moving through the air are called  
a. airborne transmission  
b. contact transmission  
c. droplet transmission  
d. susceptible host
- \_\_\_ 6. The individual who acquires the pathogen is called  
a. susceptible host  
b. miserable host  
c. accommodating host  
d. happy host
- \_\_\_ 7. The place where a pathogen can live and reproduce is called  
a. fomite  
b. portal of entry  
c. reservoir of the agent  
d. route of transmission
- \_\_\_ 8. Common types of microorganisms are  
a. strep and staph  
b. protozoa and bacteria  
c. viruses and fungi  
d. all of the above
- \_\_\_ 9. Streptococcus bacteria causes  
a. sore toes  
b. sore nasal passages  
c. sore eyes  
d. sore throat
- \_\_\_ 10. The microorganism that causes disease is called  
a. pathogens  
b. pathologist  
c. pathology  
d. none of the above

PEGCO, INC.  
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PROGRAM EVALUATION

COURSE TITLE: **INFECTION CONTROL (1 HR)**

DATE: \_\_\_\_\_ LOCATION: PEGCO, Inc.

*Please evaluate by circling the appropriate rating:  
5-Excellent 4-Above average 3-Average 2-Fair 1-Poor*

- |   |                      |
|---|----------------------|
| 1. Overall quality of the program                         | 5 4 3 2 1            |
| 2. Overall content of the program                         |                      |
| a. content can improve my ability to perform my job       | 5 4 3 2 1            |
| b. content reflected knowledge level and needs of learner | 5 4 3 2 1            |
| c. the material was current                               | 5 4 3 2 1            |
| 3. Achieved stated objectives                             |                      |
| a. total number of objectives in program _____            |                      |
| b. circle the number of met objectives                    | 1 2 3 4 5 6 7 8 9 10 |
| c. the test material reflected the objectives listed      | 5 4 3 2 1            |
| 4. Overall organization of the program                    |                      |
| a. material was organized to facilitate learning          | 5 4 3 2 1            |
| b. material covered was adequate and accurate             | 5 4 3 2 1            |

What did you like best about the program?

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Your suggestions for improving this program.

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Any topic ideas for future in-service programs

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***THANK YOU FOR USING PEGCO INC. WE APPRECIATE YOU.***