**Prevalence of chronic hepatitis B in Hong Kong**

**Answer Sheet**

Please submit the completed answer sheet by email ( [hepatitis@dh.gov.hk](mailto:hepatitis@dh.gov.hk) ) to Viral Hepatitis Control Office, Department of Health **on or before 31 December 2025**. The passing mark is 70%. Assessment result will be sent to you **by email**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (in BLOCK letters):** | |  | | |
| **Email :** |  | | **Tel:** |  |

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| **For Doctors** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Registration no.** **(Dental Council / Medical Council of Hong Kong) :** | | | | | | | | | | | | | | | | | | | | | | | | |  | | |
| **CPD Programme Administrator /CME Programme Administrator** for doctors enrolled in the “[CME Programme for Practising Doctors who are not taking CME Programme for Specialists](https://www.mchk.org.hk/english/cme/index.html)” *(check* √ *the appropriate box)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | |  | | | | Department of Health | | | | | | | | | | | | |  | | --- | |  | | Hong Kong Doctors Union | | | | | | | | | | | |
| |  | | --- | |  | | | | Hong Kong Academy of Medicine | | | | | | | | | | | | |  | | --- | |  | | Hong Kong Medical Association | | | | | | | | | | | |
| |  | | --- | |  | | | | Hong Kong Dental Association | | | | | | | | | | | |  |  | | | | | | | | | | | |
| **College for specialists** *(check* √ *the appropriate box)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | |  | | | | Anaesthesiologists | | | | |  | | --- | |  | | | Community Medicine | | | | | | | | | | |  | | --- | |  | | | Dental Surgeons | | | | | | |
| |  | | --- | |  | | | | Emergency Medicine | | | | |  | | --- | |  | | | Obstetricians and Gynaecologists | | | | | | | | | | |  | | --- | |  | | | Ophthalmologists | | | | | | |
| |  | | --- | |  | | | | Orthopaedic Surgeons | | | | |  |  | | --- | --- | |  |  | | | Otorhinolaryngologists | | | | | | | | | | |  | | --- | |  | | | Paediatricians | | | | | | |
| |  | | --- | |  | | | | Pathologists | | | | |  | | --- | |  | | | Physicians | | | | | | | | | | |  | | --- | |  | | | Psychiatrists | | | | | | |
| |  | | --- | |  | | | | Surgeons | | | | |  | | --- | |  | | | Radiologists | | | | | | | | | | |  | | --- | |  | | | Family Physicians | | | | | | |
| *⯎ Please refer to the test paper for the credit point accredited by each College*. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **For Registered nurses / Enrolled nurses / Midwives** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Category** *(check √ the appropriate box / boxes)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | |  | | | Registered Nurse | | | | | | |  | | --- | |  | | | | Enrolled Nurse | | | | | | | | | | | |  | | --- | |  | | | Midwife | | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | **Registration no:** (RN) |  | (EN) |  | (MW) |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Workplace** *(check √ the appropriate box)* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | |  | | | DH Nurses : Clinic | | | |  | | | | | | | | | | | | Service | | | | |  | | | | |
| |  | | --- | |  | | | Non-DH Nurses : Hospital & ward | | | | | | | | | | |  | | | | | | | | | | | | | | |
|  | |  | | | Others (please specify) | | | | | | | | |  | | | | | | | | | | | | | |
| *⯎ The CNE/PEM records will be kept for six years.* | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Answers** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Please type the answers in the spaces provided. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1.** |  | | | **2.** |  | | | | | **3.** | |  | | | | | **4.** | | |  | | | | | | **5.** |  |
| **6.** |  | | | **7.** |  | | | | | **8.** | |  | | | | | **9.** | | |  | | | | | | **10.** |  |