

**PROCESSO SELETIVO SIMPLIFICADO N.º 002/2024
ESPECIALISTA EM SAÚDE VI – ENFERMAGEM**

RETIFICAÇÃO DO GABARITO

01	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
02	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
03	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
04	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
05	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
06	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
07	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
08	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
09	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
10	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
11	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
12	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
13	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
14	<input type="radio"/> A	<input checked="" type="radio"/>	<input type="radio"/> C	<input type="radio"/> D
15	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
16	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
17	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
18	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
19	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
20	<input type="radio"/> A	<input type="radio"/> B	<input checked="" type="radio"/>	<input type="radio"/> D
21	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
22	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
23	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D
24	<input type="radio"/> A	<input type="radio"/> B	<input type="radio"/> C	<input checked="" type="radio"/>
25	<input checked="" type="radio"/>	<input type="radio"/> B	<input type="radio"/> C	<input type="radio"/> D

01.	D
02.	B
03.	ANULADA
04.	A
05.	A

06.	C
07.	D
08.	D
09.	A
10.	A

11.	B
12.	D
13.	B
14.	B
15.	C

16.	C
17.	C
18.	C
19.	D
20.	C

21.	D
22.	A
23.	A
24.	D
25.	A

Três Pontas/MG, 19 de fevereiro de 2024

Secretaria Municipal de Saúde

Avenida Oswaldo Cruz, n.º 1.331 – Centro – Três Pontas/MG – Tel.: (35) 3661-0109