Occupational disease
Tests questions

1. Which complication is most frequent in patients with silicosis?
    A. Tromboembolia of pulmonary artery.
    B. Bronchial asthma.
    C. Pneumonia.
    D. Cancer of lungs.
    E. *Tuberculosis.
2. Silicatosis are:
    A. *Asbestosis
    B. Siderosis
    C. Aluminosis
    D. Bisinosis
    E. All of the above
3. Which of the following is included in silicosis?
    A. SiO2
    B. *Talcosis
    C. Alumininosis
    D. Siderosis
    E. Anthyarcosis
4. Complication of pneumoconiosis?
    A. Pulmonary tuberculosis
    B. Multiple bronchoictasis
    C. Spontaneous pneumothorax
    D. Cancer of lungs
    E. *All the above
5. Characteristics complaints of silicosis?
    A. *Dyspnoea, chest pain, cough
    B. Chest pain
    C. Cough
    D. Abdominal pain
    E. Vomiting
6. Quickly progressive silicosis I stage of disease appears during?
    A. 1-2 yr
    B. 2-3yr
    C. 3-4yr
    D. *3-5yr
    E. 5-6yr
7. Quickly progressive silicosis II stage of activity occurs during?
    A. *2-3yr
    B. 3-4yr
    C. 4-5yr
    D. 5-6yr
    E. 1-2yr
8. Complications of silicosis include?
    A. *Emphysema of lung, cardiopulmonary decompensaition
    B. Cardiopulmonary decompensaition
    C. Hemothorax
    D. Mediastinal cancer
    E. Lung abscess
9. Medical treatment of silicosis?

A. Tripsin
B. Amylase
C. Pancreatin
D. Steroids
E. All them

10. Treatment of quickly progressive silicosis?
A. *Hormonal therapy
B. Antituberculosis preparation
C. Antibiotics
D. Enzyme therapy
E. All the above

11. Cardiopulmonary decompensation signs occur during what stage of silicosisi?
A. I stage
B. II stage
C. *III stage
D. All the above
E. Non of above

12. Silicosis appears at breathing of which dust?
A. Oxide silicon
B. Cement
C. Paints
D. Soaps, polishes
E. Non of above

13. Clinical picture of silicatosis includes:
A. *Cough, fatigue, headache and general weakness
B. Fever
C. Abdominal pain
D. Vomiting
E. All of the above

14. Complications of asbestosis are all following except?
A. Acute pneumonia with severe clinical course
B. *Acute pneumonia with mild clinical course
C. Multiple bronchitis
D. Cancer of lungs
E. None of the above

15. Talcosis treatment does not include:
A. Antihistamine
B. Bronchodilators
C. *Antibiotics
D. Vitamin C
E. Nicotine acid

16. What doesn’t cause the silicatosis development?
A. Asbestos
B. Talc
C. *Coal
D. Cement
E. Non of above

17. Clean metaloconiosis are characterized by:
A. *Fast development and absence of tendency of progressive pulmonary fibrosis
B. Fast development and presence of tendency of progressive pulmonary fibrosis
C. Slow development and presence of tendency of progressive pulmonary fibrosis
D. Fast development cellula

E. Non of above

18. Which roentgenological changes can be seen on initial stage of aluminosis?
    A. *No changes
    B. Sclerotic process
    C. Strengthening of reticular basic structure
    D. Extend and lighten lungs
    E. Non of above
19. Which the following is called factory fever?
    A. *Bisinosis
    B. Aluminosis
    C. Siderosis
    D. Asbestosis
    E. All the above
20. The most frequent and most severe complication of silicosis is?
    A. Emphysema of lungs.
    B. *Silicotuberculosis
    C. Spontaneous pneumothorax
    D. Cancer of lungs
    E. Bronchial asthma
21. Patient with pneumoconosis should be examined by all of the following except:
    A. Internist
    B. *Ophthalmologist
    C. Neurologist
    D. Roentgenologist
    E. Pulmonologist
22. Nodular silicosis of I stage is characterized by presence of small rounded nodular of size
    A. 3-6 mm
    B. 2-4 mm
    C. *1-2 mm
    D. more than 6mm
    E. 2-3 mm
23. What triad of complaints is characteristic for silicosis:
    A. Cough, edema, dyspnoea.
    B. Dyspnoea, headache, cough.
    C. General weakness, breathlessness, chest pain.
    D. *Dyspnoea, chest pain, cough.
    E. Decrease of earning capacity, night sweating, and breathlessness.
24. Which sign will be present in chest radiography during chronic silicosis
    A. Snow-storm
    B. Upper lobe fibrosis
    C. Snow-storm and upper lobe fibrosis
    D. All of the answers
    E. None of the answers
25. What of following disease the pneumoconiosis should be differentiated with?
    A. Brown lung disease
    B. Yellow lung disease
    C. *Black lung disease
    D. Cancer of lungs
    E. None
26. Snow-storm sign is present during:
    A. Pneumothorax
    B. *Pneumoconiosis

C. Both Pneumothorax and Pneumoconiosis
D. Pleural effusion
E. Non of above

27. Most common type of pneumoconiosis world wide is:
A. Asbestosis
B. *Silicosis
C. Chlorine poisoning
D. Carboconiosis
E. None

28. Bisinosis appears after inhlation of:
A. *Vegetable fibrous dust
B. Fruit fibrous dust
C. Metallic ferruginous dust
D. Dust and fumes
E. Non of above

29. Metalconosis include :
A. Silcosis and asbestosis
B. *Silcosis and aluminosis
C. Bisinosis and carboconiosis
D. None of above
E. All the above

30. Aluminosis is caused by inhalation of:
A. Metallic ferruginous dust
B. Vegtable fibrous dust
C. *Dust and fumes of aluminium
D. Fruit fibrous dust
E. Non of above

31. What type of pneumoconiosis is the most common:
A. Asbestosis
B. Siderosis
C. *Silicosis
D. Carboconosis
E. Siderosis and carboconosis

32. Cause of silicosis:
A. House dust
B. *Coal dust
C. Organic dust
D. Talc dust
E. All the above

33. Typical sign of chest x-ray of silicosis:
A. Same as in tuberculosis.
B. Sign of abscess
C. Sign of emphysema
D. Resembling pulmonary edema
E. *Thickly placed node shades as a “snowstorm”

34. What the diagnosis of silicosis cased on:
A. Complication
B. *Diffuse nodules on chest x-ray
C. Biochemical blood analysis
D. USD of lungs
E. All the above

35. Inorganic dust includes mineral one, except:

A. Silicate
B. Diamond
C. *Cotton
D. Asbestos
E. Cobalt

36. How does the dust penetrate into the organism of man?
A. Through skin
B. *Through respiratory tract
C. Through gastrointestinal tract
D. Through mucosa
E. All of the above

37. What does it mean silicosis?
A. *Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

38. What does it mean silicatosis?
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. *Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

39. What does it mean metaloconiosis?
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. *Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

40. What does it mean carboconiosis?
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. *Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

41. What does it mean bicinosis?

A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. *Pneumoconiosis from an organic dust (cotton, flax, rarer hemp).

42. Complications of pneumoconiosis are everything, except:
A. Pulmonary tuberculosis
B. Pneumonia
C. Bronchial asthma
D. *Chronic obstructive pulmonary disease
E. Cancer of lungs

43. What triad of complaints is characteristic for silicosis?
A. Dyspnoea, cough, edema.
B. *Dyspnoea, chest pain, cough.
C. Dyspnoea, head ache, cough.
D. General weakness, breathlessness, chest pain.
E. Decrease of working capacity, night sweating, and breathlessness.

44. What of silicosis complication is the most frequent and most severe?
A. Emphysema of lungs.
B. Spontaneous pneumothorax
C. *Silicotuberculosis
D. Cancer of lungs
E. Bronchial asthma

45. The most widespread types of silicates that cause the silicatosis development are everything, except:
A. Asbestos
B. Talc
C. Tin
D. Cement
E. *Coke

46. What we don't use for treatment of talcosis?
A. Antihistaminic drugs
B. Bronchodilators
C. *Antibiotics
D. Anti-inflammatory drugs
E. Vitamins P, C, nicotine acid

47. The dust of what substance can't cause the development of carboconiosis?
A. Coal
B. Graphite
C. Soot
D. *Tin
E. Coke

48. What sub-group of pneumoconiosis is consists to carboconiosis?
A. Talcosis
B. *Anthracosis
C. Siderosis
D. Bisinosis

E. Asbestosis

49. What sub-group of pneumoconiosis is consists to metaloconiosis?
    A. *Baritosis
    B. Anthracosis
    C. Talcosis
    D. Bisinosis
    E. Asbestosis
50. What sub-group of pneumoconiosis is consists to silicatosis?
    A. Aluminosis
    B. Anthracosis
    C. Siderosis
    D. Bisinosis
    E. *Asbestosis
51. For what time must be contact with coal in miners for development of the anthracosis?
    A. 1-5 years
    B. 5-10 years
    C. 10-15 years
    D. *15-20 years
    E. 1-3 years
52. After what period of contact with coal in miners can be development of the anthracosis?
    A. 1-3 years
    B. 1-5 years
    C. 5-10 years
    D. 10-15 years
    E. *15-20 years
53. The dust of what substance can’t cause the development of bisinosis?
    A. Cotton
    B. Flax
    C. *Talc
    D. Corn
    E. Hay
54. After what period bisinosis can development in the workers?
    A. *1-3 years
    B. 3-6 years
    C. 5-10 years
    D. 10-15 years
    E. 15-20 years
55. Bisinosis can development in workers after:
    A. 6 months
    B. *1-3 years
    C. 3-6 years
    D. 5-10 years
    E. 10-15 years
56. During what disease the syndrome of “factory fever”can be present in patients?
    A. Aluminosis
    B. *Bisinosis
    C. Talcosis
    D. Anthracosis
    E. Siderosis
57. The “factory fever” is the syndrome of what disease?
    A. Talcosis
    B. Anthracosis

C. Siderosis
D. Aluminosis
E. *Bisinosis

58. “Farmer’s lung” is the disease that can be in the:
A. *Agricultural workers
B. Workers of the mining industry
C. Workers of the machine-building industry
D. All of the above
E. None of the above

59. How often the prophylactic medical examination of working of the factory, where is the contact with occupational dust, must be make?
A. Once a month
B. *Once a year
C. Twice a year
D. Once a two years
E. Once a three years

60. What is necessary to make during periodic medical examination to all workers, who contact with occupational dust?
A. Common blood analyses
B. Biochemical analyses
C. ECG
D. Ultrasound examination
E. *Roentgenography of chest organs

61. What doctor doesn’t examine the workers who contact with occupational dust?
A. Internist
B. Roentgenologist
C. Phthisiatrician
D. *Ophthalmologist
E. Otolaryngologist

62. All these doctors examine the workers who contact with occupational dust, except:
A. Internist
B. *Ophthalmologist
C. Roentgenologist
D. Phthisiologist
E. Pulmonologist

63. Silicosis is:
A. *Talcosis
B. Siderosis
C. Aluminosis
D. Bisinosis
E. All of the above

64. Contra indication for working on the factories where is contact with occupational dust are all, except:
A. Tuberculosis
B. Diseases of upper airways and bronchial tree
C. Pneumosclerosis
D. *Ulcer disease
E. Emphysema of lungs

65. What disease is not contra indication for work in the factories where contact with occupational dust is?
A. Organic diseases of cardio-vascular system
B. *Diseases of gastrointestinal tract

C. Diseases of upper airways and bronchial tree
D. Emphysema of lungs
E. Tuberculosis

66. Silicosis is:
A. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
B. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
C. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
D. *Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
E. Pneumoconiosis from an organic dust.

67. Silicatosis is:
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
C. *Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

68. Metaloconiosis is:
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
D. Pneumoconiosis from an organic dust.
E. *Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.

69. Carboconiosis is:
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. *Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
C. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
D. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
E. Pneumoconiosis from an organic dust.

70. Bisinosis is:
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. *Pneumoconiosis from an organic dust (cotton, flax, rarer hemp).
D. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
E. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke,

graphite, soot.

71. Silicosis is caused by inhalation of
    A. *Crystalline silicon dioxide particles
    B. Cement
    C. Paints
    D. Soaps polishes
    E. None of the above
72. Lesions in case of silicosis are
    A. *Nodular lesion
    B. Fibrotic lesion
    C. Cavities
    D. Sclerotic lesion
    E. None of the above
73. Silicosis clinical manifestation is
    A. Dyspnea, fever, cough
    B. Moist cough, anorexia, chest pain, weight loss
    C. Dry cough, heart pain, fever
    D. *Dry cough, fever, weight loss
    E. Dyspnea, chest pain
74. Additional therapy in case of silicosis
    A. *O2, diuretics, bronchodilators
    B. Corticosteroids
    C. Antibiotics
    D. Antihistamines
    E. None of the above
75. Which dust belongs to Metaloconiosis
    A. *Siderosis
    B. Asbestosis
    C. Anthracosilicosis
    D. Bisinosis
    E. None of the them
76. What is the complication of Pneumoconiosis?
    A. *Pulmonary tuberculosis
    B. Bronchitis
    C. Liver Insufficiency
    D. Kidney Insufficiency
    E. Respiratory Insufficiency
77. Which particle size can penetrate to lung?
    A. Not more than 10 mcm
    B. More than 11 mcm
    C. 10.5 mcm
    D. 12 mcm
    E. 11,5 mcm
78. Diagnosis of silicosis is made by
    A. *X-ray examination of thorax
    B. Spirometry
    C. Blood analysis
    D. Arterial blood gas examination
    E. All of the above
79. Classification of silicosis according to clinical course, except
    A. Fast progressive

B. Slow progressive
C. Progressive
D. Late silicosis
E. All of the above

80. Arrange the following according to their accumulation in organs: I - In mucose membrane; II - In lymphatic vessels of alveolar septum, pleura, lymphatic nodes of lung's root; III - In alveolus
A. *I, III, II
B. I, II, III
C. III, II, I
D. III, I, II
E. II, I, III

81. Pneumoconiosis is:
A. Neoplastic alteration of lung
B. *Non-neoplastic alteration in lung
C. Granulation of tissues
D. None of above
E. All of the above

82. Most dangerous compounds for silicosis are
A. Solid mud
B. Soaps' polishes
C. Filters
D. *Soaps' polishes, filters
E. None of above

83. Fibrotic changes in the lung due to silicosis is
A. Reversible
B. *Irreversible
C. Both Reversible and irreversible
D. None of above
E. All of the above

84. Asbestosis is caused by
A. Asbestos water
B. *Asbestos dust
C. Chlorine
D. mercury
E. All of the above

85. Who must judge cases of chronic professional diseases?
A. Administration of the factory.
B. Head of the sanitary department.
C. Doctor of sanitary-epidemiology station.
D. The department of security technique of the factory.
E. *Doctor of sanitary-epidemiology station and the department of security technique of the factory

86. Connection of acute infectional diseases with professional activity of wrecked is diagnosed after consultation with:
A. Internist of the factory.
B. Infectionist-doctor of region policlinics.
C. Internist.
D. *Doctor of occupational hygiene of the territorial sanitary-epidemiology station and Epidemiologist of sanitary-epidemiology station
E. Doctor of factory

87. The degree of professional activity loss in per cents is determined by:

A. Doctor-profpatologist.
B. *Medical-social-expert committee.
C. Internist of factory.
D. Special medical-preventive establishments.
E. None of the above.

88. Who can put diagnosis of the chronic professional disease (or intoxication) at first?
A. Internist of the factory.
B. Internist.
C. *Profpathologist.
D. Special medical-preventive establishments.
E. None of the above.

89. Acute professional disease (intoxications) can be diagnosed by the doctor of any medical-preventive establishment after consultation with the:
A. Internist of the factory
B. Internist
C. *Specialist of profpathology
D. Doctor of occupational hygiene of the territorial sanitary-epidemiology station
E. Special medical-preventive establishments.

90. Which complication is most frequent in patients with silicosis?
A. Tromboembolia of pulmonary artery.
B. Bronchial asthma.
C. Pneumonia.
D. Cancer of lungs.
E. *Tuberculosis.

91. Choose, what from these diseases is Silicatosis.
A. Siderosis
B. Aluminosis
C. *Asbestosis
D. Bisinosis
E. All of the above

92. Classification of silicosis according to clinical course, except
A. Fast progressive
B. Slow progressive
C. *Progressive
D. Late silicosis
E. All of the above

93. Choose the cause of silicosis:
A. Organic dust
B. Tale dust
C. House dust
D. *Coal dust
E. All the above

94. In 1567 there was issued the work "About mountain consumption and other mountain diseases". Who was the author?
A. Agricola.
B. *Pretzels.
C. Hippocrates.
D. Martin Pans.
E. Bernardino Ramazzini.

95. Where was created the first specialized clinic of professional diseases, which exists to now?
A. London.

B. Paris.
C. *Milan.
D. Delli.
E. Rome.

96. Who was the author of the first work, in which systematically were laid out the questions of occupational hygiene of people of different professions with the description of the proper professional diseases, published in 1700 under the name "About diseases of artisans"?
A. Agricola.
B. Pretzels.
C. Hippocrates.
D. Martin Pans.
E. *Bernardino Ramazzini.

97. In what year in Milan on a motherland of Ramazzini, the first specialized clinic of professional diseases, which exists to now, was created?
A. 1893.
B. *1910.
C. 1948.
D. 1956.
E. 1983.

98. General medical contra indications to admittance on the work related to the dangerous harmful substances and harmful industrial factors, are the following, except:
A. Inherent anomalies of organs with the evident insufficiency of their functions
B. Chronic psychical diseases.
C. Organic diseases of the central nervous system with the stable evident dysfunction.
D. *Essential hypertension of I-st stage
E. Diseases of the endocrine system with the expressed violations of functions.

99. General medical contraindications to admittance on the work related to the dangerous harmful substances and harmful industrial factors, are the following, except:
A. Malignant neoplasm.
B. All diseases of the system of blood and hematosis.
C. Arterial hypertension of the III stage.
D. Heart diseases with heart insufficiency.
E. *Essential hypertension of the I-st stage

100. All of these are physical factors of professional harmfulness, except:
A. Industrial noise.
B. *Micro- and macro organisms.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

101. General medical contraindications to admittance on the work related to the dangerous harmful substances and harmful industrial factors, are the following, except:
A. Chronic diseases of lungs with the evident pulmonary-cardiac insufficiency.
B. *Essential hypertension of II st stage
C. Bronchial asthma of severe form with the evident disturbance of breathing and circulation of blood.
D. Active forms of tuberculosis of any localization.
E. Stomach and duodenal ulcer with chronic recurrent course and susceptibility to complications.

102. General medical contraindications to admittance on the work related to the dangerous harmful substances and harmful industrial factors are the following, except:

A. Cirrhosis of liver and active chronic hepatitis.
B. Chronic illnesses of kidneys with the phenomena of kidney insufficiency.
C. Collagenosis.
D. Illnesses of joints with the stable dysfunction.
E. *Neurocirculator distonia

103. General medical contraindications to admittance on the work related to the dangerous harmful substances and harmful industrial factors are the following, except:
A. Pregnancy and period of lactation.
B. Ordinary miscarriage and anomalies of fetus in anamnesis of women, which plan child-bearing.
C. Disturbance of menstrual function that is accompanied by the uterine bleeding.
D. Decompensated glaucoma.
E. *Arterial hypertension of I-st stage

104. What biological industrial factors that are professional harmfulness do you know?
A. Industrial noise.
B. Laser and ionizing radiation.
C. *Antibiotics.
D. Vibration.
E. Electromagnetic.

105. What biological industrial factors that are professional harmfulness do you know?
A. Industrial noise.
B. *Fungi.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

106. What biological industrial factors that are professional harmfulness do you know?
A. Industrial noise.
B. *Micro- and macro organisms.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

107. These are physical factors of professional harmfulness, except:
A. Industrial noise.
B. *Micro- and macro organisms.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

108. These are physical factors of professional harmfulness, except:
A. Industrial noise.
B. *Fungi.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

109. These are physical factors of professional harmfulness, except:
A. Industrial noise.
B. Laser and ionizing radiation.
C. *Antibiotics.
D. Vibration.
E. Electromagnetic.

110. These are biological factors of professional harmfulness, except:
A. Fungi.
B. Micro organisms.

C. Antibiotics.
D. *Vibration.
E. Macro organisms.

111. All of these are biological factors of professional harmfulness, except:
A. Fungi.
B. Micro organisms.
C. *Industrial noise.
D. Antibiotics.
E. Macro organisms.

112. These are biological factors of professional harmfulness, except:
A. Fungi.
B. *Laser and ionizing radiation.
C. Antibiotics.
D. Micro organisms.
E. Macro organisms.

113. These are biological factors of professional harmfulness, except:
A. *Electromagnetic.
B. Fungi.
C. Antibiotics.
D. Micro organisms.
E. Macro organisms.

114. These are biological factors of professional harmfulness, except:
A. Fungi.
B. Micro organisms.
C. *Excessive or reduces atmospheric pressure.
D. Antibiotics.
E. Macro organisms.

115. These are biological factors of professional harmfulness, except:
A. Fungi.
B. *High and low temperature of external environment.
C. Antibiotics.
D. Micro organisms.
E. Macro organisms.

116. What of these physical factors are professional harmfulness:
A. Antibiotics, fungi, micro- and macro organisms.
B. *Industrial noise, ultrasound, vibration, electromagnetic, excessive or reduces atmospheric pressure, high and low temperature of external environment etc.
C. Physical, static and dynamic overload of locomotor system, muscles, nervous system, organs of eyesight, hearing, hypodynamia and others.
D. Industrial dust.
E. Chemical toxic substances.

117. What of these biologycal factors are professional harmfulness:
A. *Antibiotics, fungi, micro- and macro organisms.
B. Industrial noise, ultrasound, vibration, electromagnetic, excessive or reduces atmospheric pressure, high and low temperature of external environment etc..
C. Physical, static and dynamic overload of locomotor system, muscles, nervous system, organs of eyesight, hearing, hypodynamia and others.
D. Industrial dust.
E. Chemical toxic substances.

118. Choose the etiological factors of pneumoconiosis.
A. Antibiotics, fungi, micro- and macro organisms.
B. Industrial noise, ultrasound, vibration, electromagnetic, excessive or reduces

atmospheric pressure, high and low temperature of external environment etc..
C. Physical, static and dynamic overload of locomotor system, muscles, nervous system, organs of eyesight, hearing, hypodynamia and others.
D. *Industrial dust.
E. Chemical toxic substances.

119. Choose, which doctor can put diagnosis of the chronic professional disease (or intoxication) at first?
A. Internist of the factory.
B. Internist.
C. *Special medical-preventive establishments.
D. Profpathologist.
E. None of the above.

120. Who can put diagnosis of the chronic professional intoxication at first?
A. Internist of the factory.
B. *Special medical-preventive establishments.
C. Internist.
D. Profpathologist.
E. Pulmonologist

121. Which from these drugs are from the group of reactivates of acetylcholinesterase?
A. *Dipiroxim
B. None of the above
C. Fosfacol
D. Platifilin
E. Aloksim

122. All of these diseases are contraindicated for working on the factories where is contact with occupational dust is, except:
A. Diseases of upper airways and bronchial tree
B. Organic diseases of cardio-vascular system
C. *Diseases of gastrointestinal tract
D. Emphysema of lungs
E. Tuberculosis

123. How often the prophylactic medical examination of working of the factory must be make, where is the contact with occupational dust?
A. Once a month
B. *Once a year
C. Twice a year
D. Once a two years
E. Once a three years

124. *The known work of Agricola in 1556 was devoted to disease:
A. of miners.
B. of doctors.
C. of teachers.
D. of farmers.
E. all of these.

125. Who can put diagnosis of the chronic professional disease at first only:
A. Internist of the factory.
B. Internist.
C. Special medical-preventive establishments.
D. Profpathologist.
E. None of the above.

126. The first works about professional diseases were printed in:
A. XVI

B. V-VI
C. *VI-IV century B.C.
D. XIX
E. II-III century B.C.

127. Hippocrates that lived approximately in 577-450 B.C. has described the disease of:
A. Described disease of worker with influence of vibration.
B. Described disease of workers of agriculture.
C. Described disease of workers of farms.
D. *Described disease of miners that run with the severe breathlessness.
E. Described disease of workers of culture.

128. In what year was known the work of Agricola, devoted to disease of miners?
A. 1257
B. 1657.
C. 1987.
D. *1556.
E. 2000.

129. In what year there was issued the work "About mountain consumption and other mountain diseases" by Pretzels?
A. *1530.
B. 1209.
C. 2000.
D. 2009.
E. 1945.

130. Biological industrial factors are:
A. Industrial noise.
B. *Fungi.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

131. The physical factors of professional harmfulness are all of these, except:
A. Industrial noise.
B. *Micro- and macro organisms.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

132. The physical factors of professional harmfulness are all of these, except:
A. Industrial noise.
B. *Fungi.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

133. What doctor can put diagnosis of the chronic professional intoxication at first?
A. Internist of the factory.
B. *Special medical-preventive establishments.
C. Internist.
D. Profpathologist.
E. Pulmonologist

134. Acute professional disease (intoxications) can be diagnosed by the doctor of any medical-preventive establishment after consultation with the:
A. Internist of the factory.
B. Internist.

C. *Specialist of profpathology.
D. Gastroenterologist
E. Pulmonologists

135. Connection of acute infectional diseases with professional activity of wrecked is diagnosed after consultation with:
A. Internist of the factory.
B. Infectionist-doctor of region policlinics.
C. Internist.
D. *Doctor of occupational hygiene of the territorial sanitary-epidemiology station and epidemiologist of sanitary-epidemiology station.
E. Epidemiologist of sanitary-epidemiology station.

136. What additional methods of investigation help to evaluate main syndromes of the vibrational disease?
A. *Capillaroscopy, cooling test, electrothermometry
B. Pallesthesiometry
C. Electrocardiography
D. Ultrasound
E. Algesiometry

137. What methods of investigation can help to diagnosed the vibration disease?
A. *Capillaroscopy, cooling test, electrothermometry
B. Roentgenography
C. Electrocardiography
D. Ultrasound
E. Esophagogastroduodenoscopy

138. What additional methods of investigation we should do to the patients with vibration disease?
A. *Capillaroscopy, cooling test, electrothermometry, pallesthesiometry
B. Echocardiography
C. Electrocardiography
D. Ultrasound
E. Common blood analysis

139. For diagnostics of what disease is used computer capillaroscopy?
A. *Vibration disease
B. Reino syndrome
C. Intoxication by mercury
D. Intoxication by manganese
E. Polyneuropathy

140. What vibration is dangerous for the development of vibrational disease?
A. Vibration of low-frequency (8-15 Hz).
B. Vibration of medium-frequency (16-6 Hz).
C. Vibration of high-frequency (more than 64 Hz).
D. *Vibration of l medium and high-frequency.
E. All of the above.

141. Professional pathology as the section of clinical medicine studies the question of:
A. Etiology and pathogenesis.
B. Clinic.
C. Diagnostics.
D. Medical treatment and prophylaxis of professional diseases.
E. *All of these

142. Professional illnesses are disease that caused by:
A. Radiation
B. *Professional harmfulness.

C. Water.
D. Sun.
E. Food.

143. In what century there were first works about professional diseases?
A. XVI
B. V-VI
C. *VI-IV century B.C.
D. XIX
E. II-III century B.C.

144. What disease has described Hippocrates that lived approximately in 577-450 B.C.?
A. Described disease of worker with influence of vibration.
B. Described disease of workers of agriculture.
C. Described disease of workers of farms.
D. *Described disease of miners that run with the severe breathlessness.
E. Described disease of workers of culture.

145. Which diseases are characterised by such syndromes: angiodistonic, angiospastic, vestibular, diencephalic, syndrome of vegetative polyneuritis?
A. Chronic intoxication by mercury.
B. *Vibrational disease.
C. Chronic intoxication by lead.
D. Chronic intoxication by manganese.
E. Chronic intoxication by benzol.

146. A vegetative-vestibular syndrome most frequent meets at patients with vibrational disease from action of:
A. *General vibration
B. Local vibration
C. Combined vibration of local and general action
D. All of these
E. Non of these

147. Choose most characteristic syndromes for general form of vibrational disease of first stage:
A. Raynaud's syndrome
B. Vegetative-sensory polyneuropathy of the hands
C. Neuritis of hearing nerves
D. Peripheral angiodistonic syndrome
E. *Vegetative-sensory polyneuropathy of the hands and Peripheral angiodistonic syndrome

148. Choose the most informative methods of diagnostics of vibrational disease:
A. Ultrasound
B. *Anamnesis data
C. Roentgenography of extremities
D. Distal thermometry
E. Electrocardiography

149. Choose the most characteristic syndromes of local form of vibration disease of the first stage:

A. Hypothalamic syndrome, vestibular syndrome
B. Vegetative-vessels dystonia and peripheral angiodistonic syndrome
C. Vegetative-vessels dystonia
D. Peripheral angiodistonic syndrome
E. Syndrome of vegetative-sensory polyneuropathy

150. Choose the most characteristic syndromes for the local form of vibrational disease of the III stage:
   A. Syndrome of myopathy
   B. *Syndrome of encephalopolyneuropathy
   C. Syndrome of sensory-motor polyneuropathy
   D. Generalized angiodistonic syndrome
   E. Syndrome of myelitis
151. Choose the most characteristic syndromes of the local form of vibration disease of the II stage:
   A. *Periferal angiodistonic syndrome with frequent angiospasms
   B. Syndrome of encephalopathy
   C. Cardiomyopathy syndrome
   D. Vegetative-sensory polyneuropathy with the dystrophic changers
   E. Vestibular syndrome
152. Choose the most characteristic syndromes for the general form of vibration disease of III stage:
   A. Generalized angiodistonic syndrome
   B. Syndrome of myelitis, cardiomyopathy syndrome
   C. *Generalized angiodistonic syndrome, discirculative encephalopathy, vegetative-sensory polyneuropathy
   D. Discirculative encephalopathy
   E. Vegetative-sensory polyneuropathy
153. Following symptoms are present in vibrational disease except?
   A. Symptoms of white spot
   B. Piles symptom
   C. Vibration
   D. *Seizures
   E. Non of the above
154. Angiodistonic syndrome is characterized by one of the following except:
   A. Hyperesthesia on separate phalanxes
   B. Chilling
   C. *Nystagmus
   D. Cyanosis of hands
   E. None of the above.
155. Clinical symptoms of vibrational disease from local vibration are:
   A. Dull aching of arms which disturbs patients at night and in rest
   B. Fever 39C, severe vomiting 3-4 times a day
   C. General weakness, headache, dizziness, bad sleep, irritability
   D. *Dull aching of arms which disturbs patients at night and in rest and general weakness, headache, dizziness, bad sleep, irritability
   E. All the above.
156. Vascular disorders are characterized by:
   A. Fasciculitis and myositis
   B. *Positive Pile’s symptom, phenomenon of white spot
   C. Dizziness, nystagmus
   D. Expressed pains in hands
   E. None of the them.
157. Syndrome of vegetative myofascitis is characterized by combination of:
   A. Neuritis and plexitis
   B. *Vegetative-sensory polyneuritis + dystrophic changes in the muscles of shoulder girdle and tendinous apparatus
   C. Paraesthesias in lower extremities and hyperhydrosis

D. Chilling and cyanosis of hands
E. None of the above.

158. Trophic disorders show up:
A. Hyperkeratosis on the palms
B. Hyperkeratosis on the lateral surface of fingers
C. Erasing of picture on the skin, especially on distal phalanxes
D. Thickened, turbid and deformed nails
E. *All the above

159. Vibrational disease from the influence of general vibration is characterized by:
A. Negative Pile's symptom
B. Headache in the frontal area
C. Chilling of extremities
D. *Headache in the frontal area and chilling of extremities
E. None of the above.

160. Medical treatment of vibration disease includes:
A. Improvement of microcirculation
B. Improvement of protein metabolism
C. To correct angiospasm
D. For removal of pain syndrome
E. *All the above.

161. What are the main patient's complaints with the sensible form of polyneuritis?
A. Absent of pain during palpation on motion of nerves
B. Oedema of the hands and feet
C. Severe pain
D. *Feeling of weakness, numbness of hands and feet, loss of their sensitiveness, pain during palpation on motion of nerves
E. All of the above

162. What are the clinical features of encephalopathy at vibrational disease?
A. Nausea
B. *Headache, especially in the back of head
C. Oedema of the leg
D. Seizures
E. All of the above

163. With what diseases the differential diagnosis of vibration disease should be carried out?
A. *Raynaud's disease, syringomyelia, vegetative polyneuritis, myositis.
B. Neurocirculative dystonia
C. Brachium plexitis
D. Chronic intoxication by lead.
E. Chronic intoxication by manganese.

164. What methods of investigation help to reveal sensory disorders in the patients with vibration disease?
A. *Algesimetry, electrothermomentry, pallesthesiometry
B. Distal thermometry
C. Electrocardiography
D. Capillaroscopy
E. Ultrasound

165. What laboratory methods of investigation are necessary for proving the diagnosis of vibrational disease?
A. *Capillaroscopy, thermometry, algesiometry, pallesthesiometry, cooling test
B. Distal thermometry
C. Electrocardiography

D. Capillaroscopy
E. Ultrasound

166. What additional methods of investigation help to evaluate main syndromes of the vibrational disease?
A. *Capillaroscopy, cooling test, electrothermometry
B. Pallesthesiometry
C. Electrocardiography
D. Ultrasound
E. Algesiometry

167. What methods of investigation can help to diagnosed the vibrational disease?
A. *Capillaroscopy, cooling test, electrothermometry
B. Roentgenography
C. Electrocardiography
D. Ultrasound
E. Esophagogastroduodenoscopy

168. What additional methods of investigation we should do to the patients with vibrational disease?
A. *Capillaroscopy, cooling test, electrothermometry, pallesthesiometry
B. Echocardiography
C. Electrocardiography
D. Ultrasound
E. Common blood analysis

169. For what disease is characteristic sensory decrement by the peripheral type?
A. *Vibration disease
B. Anthracosis
C. Intoxication by lead
D. Intoxication by manganese
E. Intoxication by benzol

170. For diagnostics of what disease is computer capillaroscopy used?
A. *Vibrational disease
B. Reino syndrome
C. Intoxication by mercury
D. Intoxication by manganese
E. Polyneuropathy

171. Sledge symptom is characteristic for:
A. *Vibration disease
B. Pneumoconiosis
C. Intoxication by lead
D. Intoxication by manganese
E. Intoxication by benzol

172. Which preparations are the complecsons?
A. Unitiol
B. *Cuprenil (D-penicilamin), Pentacin, Tetacin-calcium
C. Tetacin-calcium, Tiosulfat sodium
D. Pentacin, Unitiol
E. Tiosulfat sodium

173. What complecsons do you know?
A. Tiosulfat sodium, Unitiol
B. *Cuprenil (D-penicilamin), Pentacin, Tetacin-calcium
C. Tetacin-calcium, Tiosulfat sodium
D. Pentacin, Unitiol
E. All of the above

174. What is the main etiological factor of vibration disease?
A. Industrial dust.
B. *Industrial vibration.
C. Radiation
D. Chemical poisonings
E. All of the above
175. Choose the concomitant occupational factors of risk of the development of vibrational disease:
A. Noise.
B. Super cooling.
C. Significant muscle tension of shoulder.
D. Forced position of body.
E. *All of the above.
176. Choose in what workers development of vibrational disease may be:
A. Workers of machine building.
B. Workers of metallurgical industry.
C. Workers of shipbuilding industry.
D. Workers of transport and agriculture.
E. *All of the above.
177. What vibration is dangerous for the development of vibrational disease?
A. Vibration of low-frequency (8-15 Hz).
B. Vibration of medium-frequency (16-6 Hz).
C. Vibration of high-frequency (more than 64 Hz).
D. *Vibration of medium and high-frequency.
E. All of the above.
178. For what diseases is characteristic positive Pile's symptom?
A. *Vibrational disease.
B. Chronic intoxication by lead.
C. Chronic intoxication by manganese.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.
179. For what diseases is characteristic positive Pile's symptom?
A. Chronic intoxication by manganese.
B. *Vibrational disease.
C. Chronic intoxication by lead.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.
180. For what diseases positive test on reactive hyperthermia is characteristic?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. Chronic intoxication by benzol.
D. Chronic intoxication by mercury.
E. *Vibrational disease.
181. For what diseases positive test of Boholyepov ischaracteristic?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. *Vibrational disease.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.
182. For what diseases positive cold test is characteristic?
A. *Vibrational disease.
B. Chronic intoxication by manganese.

C. Chronic intoxication by lead.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

183. For what diseases angiodistonic syndrome is characteristic?
A. *Vibrational disease.
B. Chronic intoxication by manganese.
C. Chronic intoxication by lead.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

184. For what diseases angiospastic syndrome is characteristic?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. *Vibration disease.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

185. For what diseases vegetative-sensory polyneuritis syndrome is characteristic?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. Chronic intoxication by benzol.
D. Chronic intoxication by mercury.
E. *Vibration disease.

186. For what diseases vegetative-myofascitis syndrome is characteristic?
A. *Vibration disease.
B. Chronic intoxication by manganese.
C. Chronic intoxication by lead.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

187. For what diseases vestibular syndrome is characteristic?
A. *Vibration disease.
B. Chronic intoxication by manganese.
C. Chronic intoxication by lead.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

188. Which symptoms characterize the vestibular syndrome during vibrational disease:
A. Dizziness.
B. Nystagmus.
C. Ataxy.
D. Vestibular crises.
E. *All of the above.

189. For what diseases syndrome of somatic nerves'is characteristic?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. *Vibrational disease.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

190. Which symptoms characterized the vestibular syndrome during vibrational disease:
A. Neuritis.
B. Plexitis.
C. Radiculitis.
D. None of the above.
E. *All of the above.

191. Which complication is most frequent in patients with silicosis?
A. Tromboembolia of pulmonary artery.
B. Bronchial asthma.
C. Pneumonia.
D. Cancer of lungs.
E. *Tuberculosis.

192. Silicatosis are:
A. *Asbestosis
B. Siderosis
C. Aluminosis
D. Bisinosis
E. All of the above

193. Which of the following is included in silicosis?
A. SiO2
B. *Talcosis
C. Alumininosis
D. Siderosis
E. Anthyarcosis

194. Complication of pneumoconiosis?
A. Pulmonary tuberculosis
B. Multiple bronchoictasis
C. Spontaneous pneumothorax
D. Cancer of lungs
E. *All the above

195. Characteristics complaints of silicosis?
A. *Dyspnoea, chest pain, cough
B. Chest pain
C. Cough
D. Abdominal pain
E. Vomiting

196. Quickly progressive silicosis I stage of disease appears during?
A. 1-2 yr
B. 2-3yr
C. 3-4yr
D. *3-5yr
E. 5-6yr

197. Quickly progressive silicosis II stage of activity occurs during?
A. *2-3yr
B. 3-4yr
C. 4-5yr
D. 5-6yr
E. 1-2yr

198. Complications of silicosis include?
A. *Emphysema of lung, cardiopulmonary decompensaition
B. Cardiopulmonary decompensaition
C. Hemothorax
D. Mediastinal cancer
E. Lung abscess

199. Medical treatment of silicosis?
A. Tripsin
B. Amylase
C. Pancreatin

D. Steroids
E. All them

200. Treatment of quickly progressive silicosis?
A. *Hormonal therapy
B. Antituberculosis preparation
C. Antibiotics
D. Enzyme therapy
E. All the above

201. Cardiopulmonary decompensation signs occur during what stage of silicosisi?
A. I stage
B. II stage
C. *III stage
D. All the above
E. Non of above

202. Silicosis appears at breathing of which dust?
A. *Oxide silicon
B. Cement
C. Paints
D. Soaps, polishes
E. Non of above

203. Clinical picture of silicatosis includes:
A. *Cough, fatigue, headache and general weakness
B. Fever
C. Abdominal pain
D. Vomiting
E. All of the above

204. Complications of asbestosis are all following except?
A. Acute pneumonia with severe clinical course
B. *Acute pneumonia with mild clinical course
C. Multiple bronchitis
D. Cancer of lungs
E. None of the above

205. Talcosis treatment does not include:
A. Antihistamine
B. Bronchodilators
C. *Antibiotics
D. Vitamin C
E. Nicotine acid

206. What doesn’t cause the silicatosis development?
A. Asbestos
B. Talc
C. *Coal
D. Cement
E. Non of above

207. Clean metaloconiosis are characterized by:
A. *Fast development and absence of tendency of progressive pulmonary fibrosis
B. Fast development and presence of tendency of progressive pulmonary fibrosis
C. Slow development and presence of tendency of progressive pulmonary fibrosis
D. Fast development cellula
E. Non of above

208. Which roentgenological changes can be seen on initial stage of aluminosis?
A. *No changes

B. Sclerotic process
C. Strengthening of reticular basic structure
D. Extend and lighten lungs
E. Non of above

209. Which the following is called factory fever?
A. *Bisinosis
B. Aluminosis
C. Siderosis
D. Asbestosis
E. All the above

210. The most frequent and most severe complication of silicosis is?
A. Emphysema of lungs.
B. *Silicotuberculosis
C. Spontaneous pneumothorax
D. Cancer of lungs
E. Bronchial asthma

211. Patient with pneumoconosis should be examined by all of the following except:
A. Internist
B. *Ophthalmologist
C. Neurologist
D. Roentgenologist
E. Pulmonologist

212. Nodular silicosis of I stage is characterized by presence of small rounded nodular of size
A. 3-6 mm
B. 2-4 mm
C. *1-2 mm
D. more than 6mm
E. 2-3 mm

213. What triad of complaints is characteristic for silicosis:
A. Cough, edema, dyspnoea.
B. Dyspnoea, headache, cough.
C. General weakness, breathlessness, chest pain.
D. *Dyspnoea, chest pain, cough.
E. Decrease of earning capacity, night sweating, and breathlessness.

214. Which sign will be present in chest radiography during chronic silicosis
A. Snow-storm
B. Upper lobe fibrosis
C. Snow-storm and upper lobe fibrosis
D. All of the answers
E. None of the answers

215. What of following disease the pneumoconiosis should be differentiated with?
A. Brown lung disease
B. Yellow lung disease
C. *Black lung disease
D. Cancer of lungs
E. None

216. Snow-storm sign is present during:
A. Pneumothorax
B. *Pneumoconiosis
C. Both Pneumothorax and Pneumoconiosis
D. Pleural effusion

E. Non of above

217. Most common type of pneumoconiosis world wide is:
A. Asbestosis
B. *Silicosis
C. Chlorine poisoning
D. Carboconiosis
E. None

218. Bisinosis appears after inhlation of:
A. *Vegetable fibrous dust
B. Fruit fibrous dust
C. Metallic ferruginous dust
D. Dust and fumes
E. Non of above

219. Metalconosis include :
A. Silcosis and asbestosis
B. *Silcosis and aluminosis
C. Bisinosis and carboconiosis
D. None of above
E. All the above

220. Aluminosis is caused by inhalation of:
A. Metallic ferruginous dust
B. Vegtable fibrous dust
C. *Dust and fumes of aluminium
D. Fruit fibrous dust
E. Non of above

221. What type of pneumoconiosis is the most common:
A. Asbestosis
B. Siderosis
C. *Silicosis
D. Carboconosis
E. Siderosis and carboconosis

222. Cause of silicosis:
A. House dust
B. *Coal dust
C. Organic dust
D. Talc dust
E. All the above

223. Typical sign of chest x-ray of silicosis:
A. Same as in tuberculosis.
B. Sign of abscess
C. Sign of emphysema
D. Resembling pulmonary edema
E. *Thickly placed node shades as a “snowstorm”

224. What the diagnosis of silicosis cased on:
A. Complication
B. *Diffuse nodules on chest x-ray
C. Biochemical blood analysis
D. USD of lungs
E. All the above

225. Inorganic dust includes mineral one, except:
A. Silicate
B. Diamond

C. *Cotton
D. Asbestos
E. Cobalt

226. How does the dust penetrate into the organism of man?
A. Through skin
B. *Through respiratory tract
C. Through gastrointestinal tract
D. Through mucosa
E. All of the above

227. What does it mean silicosis?
A. *Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

228. What does it mean silicatosis?
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. *Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

229. What does it mean metaloconiosis?
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. *Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

230. What does it mean carboconiosis?
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. *Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

231. What does it mean bicinosis?
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains

silica in the linked state with different elements: magnesium, aluminum, iron, calcium.

C. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. *Pneumoconiosis from an organic dust (cotton, flax, rarer hemp).

232. Complications of pneumoconiosis are everything, except:
A. Pulmonary tuberculosis
B. Pneumonia
C. Bronchial asthma
D. *Chronic obstructive pulmonary disease
E. Cancer of lungs

233. What triad of complaints is characteristic for silicosis?
A. Dyspnoea, cough, edema.
B. *Dyspnoea, chest pain, cough.
C. Dyspnoea, head ache, cough.
D. General weakness, breathlessness, chest pain.
E. Decrease of working capacity, night sweating, and breathlessness.

234. What of silicosis complication is the most frequent and most severe?
A. Emphysema of lungs.
B. Spontaneous pneumothorax
C. *Silicotuberculosis
D. Cancer of lungs
E. Bronchial asthma

235. The most widespread types of silicates that cause the silicatosis development are everything, except:
A. Asbestos
B. Talc
C. Tin
D. Cement
E. *Coke

236. What we don't use for treatment of talcosis?
A. Antihistaminic drugs
B. Bronchodilators
C. *Antibiotics
D. Anti-inflammatory drugs
E. Vitamins P, C, nicotine acid

237. The dust of what substance can't cause the development of carboconiosis?
A. Coal
B. Graphite
C. Soot
D. *Tin
E. Coke

238. What sub-group of pneumoconiosis is consists to carboconiosis?
A. Talcosis
B. *Anthracosis
C. Siderosis
D. Bisinosis
E. Asbestosis

239. What sub-group of pneumoconiosis is consists to metaloconiosis?
A. *Baritosis

B. Anthracosis
C. Talcosis
D. Bisinosis
E. Asbestosis

240. What sub-group of pneumoconiosis is consists to silicatosis?
A. Aluminosis
B. Anthracosis
C. Siderosis
D. Bisinosis
E. *Asbestosis

241. For what time must be contact with coal in miners for development of the anthracosis?
A. 1-5 years
B. 5-10 years
C. 10-15 years
D. *15-20 years
E. 1-3 years

242. After what period of contact with coal in miners can be development of the anthracosis?
A. 1-3 years
B. 1-5 years
C. 5-10 years
D. 10-15 years
E. *15-20 years

243. The dust of what substance can’t cause the development of bisinosis?
A. Cotton
B. Flax
C. *Talc
D. Corn
E. Hay

244. After what period bisinosis can development in the workers?
A. *1-3 years
B. 3-6 years
C. 5-10 years
D. 10-15 years
E. 15-20 years

245. Bisinosis can development in workers after:
A. 6 months
B. *1-3 years
C. 3-6 years
D. 5-10 years
E. 10-15 years

246. During what disease the syndrome of “factory fever”can be present in patients?
A. Aluminosis
B. *Bisinosis
C. Talcosis
D. Anthracosis
E. Siderosis

247. The “factory fever” is the syndrome of what disease?
A. Talcosis
B. Anthracosis
C. Siderosis

D. Aluminosis
E. *Bisinosis

248. “Farmer’s lung” is the disease that can be in the:
A. *Agricultural workers
B. Workers of the mining industry
C. Workers of the machine-building industry
D. All of the above
E. None of the above

249. How often the prophylactic medical examination of working of the factory, where is the contact with occupational dust, must be make?
A. Once a month
B. *Once a year
C. Twice a year
D. Once a two years
E. Once a three years

250. What is necessary to make during periodic medical examination to all workers, who contact with occupational dust?
A. Common blood analyses
B. Biochemical analyses
C. ECG
D. Ultrasound examination
E. *Roentgenography of chest organs

251. What doctor doesn’t examine the workers who contact with occupational dust?
A. Internist
B. Roentgenologist
C. Phthisiatrician
D. *Ophthalmologist
E. Otolaryngologist

252. All these doctors examine the workers who contact with occupational dust, except:
A. Internist
B. *Ophthalmologist
C. Roentgenologist
D. Phthisiologist
E. Pulmonologist

253. Silicosis is:
A. *Talcosis
B. Siderosis
C. Aluminosis
D. Bisinosis
E. All of the above

254. Contra indication for working on the factories where is contact with occupational dust are all, except:
A. Tuberculosis
B. Diseases of upper airways and bronchial tree
C. Pneumosclerosis
D. *Ulcer disease
E. Emphysema of lungs

255. What disease is not contra indication for work in the factories where contact with occupational dust is?
A. Organic diseases of cardio-vascular system
B. *Diseases of gastrointestinal tract

C. Diseases of upper airways and bronchial tree
D. Emphysema of lungs
E. Tuberculosis

256. Silicosis is:
A. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
B. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
C. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
D. *Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
E. Pneumoconiosis from an organic dust.

257. Silicatosis is:
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
C. *Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
D. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
E. Pneumoconiosis from an organic dust.

258. Metaloconiosis is:
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
D. Pneumoconiosis from an organic dust.
E. *Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.

259. Carboconiosis is:
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. *Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke, graphite, soot.
C. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
D. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
E. Pneumoconiosis from an organic dust.

260. Bisinosis is:
A. Pneumoconiosis, conditioned by inhalation of dust that contains free silica.
B. Pneumoconiosis, which appears from inhalation of mineral's dust that contains silica in the linked state with different elements: magnesium, aluminum, iron, calcium.
C. *Pneumoconiosis from an organic dust (cotton, flax, rarer hemp).
D. Pneumoconiosis from the influence of metals' dust: aluminum, iron, barium, manganese.
E. Pneumoconiosis from the influence of carbonaceous dust: anthracite coal, coke,

graphite, soot.

261. Silicosis is caused by inhalation of
A. *Crystalline silicon dioxide particles
B. Cement
C. Paints
D. Soaps polishes
E. None of the above

262. Lesions in case of silicosis are
A. *Nodular lesion
B. Fibrotic lesion
C. Cavities
D. Sclerotic lesion
E. None of the above

263. Silicosis clinical manifestation is
A. Dyspnea, fever, cough
B. Moist cough, anorexia, chest pain, weight loss
C. Dry cough, heart pain, fever
D. *Dry cough, fever, weight loss
E. Dyspnea, chest pain

264. Additional therapy in case of silicosis
A. *O2, diuretics, bronchodilators
B. Corticosteroids
C. Antibiotics
D. Antihistamines
E. None of the above

265. Which dust belongs to Metaloconiosis
A. *Siderosis
B. Asbestosis
C. Anthracosilicosis
D. Bisinosis
E. None of the them

266. What is the complication of Pneumoconiosis?
A. *Pulmonary tuberculosis
B. Bronchitis
C. Liver Insufficiency
D. Kidney Insufficiency
E. Respiratory Insufficiency

267. Which particle size can penetrate to lung?
A. Not more than 10 mcm
B. More than 11 mcm
C. 10.5 mcm
D. 12 mcm
E. 11,5 mcm

268. Diagnosis of silicosis is made by
A. *X-ray examination of thorax
B. Spirometry
C. Blood analysis
D. Arterial blood gas examination
E. All of the above

269. Classification of silicosis according to clinical course, except
A. Fast progressive
B. Slow progressive

C. Progressive
D. Late silicosis
E. All of the above

270. Arrange the following according to their accumulation in organs: I - In mucose membrane; II - In lymphatic vessels of alveolar septum, pleura, lymphatic nodes of lung's root; III - In alveolus
A. *I, III, II
B. I, II, III
C. III, II, I
D. III, I, II
E. II, I, III

271. Pneumoconiosis is:
A. Neoplastic alteration of lung
B. *Non-neoplastic alteration in lung
C. Granulation of tissues
D. None of above
E. All of the above

272. Most dangerous compounds for silicosis are
A. Solid mud
B. Soaps' polishes
C. Filters
D. *Soaps' polishes, filters
E. None of above

273. Fibrotic changes in the lung due to silicosis is
A. Reversible
B. *Irreversible
C. Both Reversible and irreversible
D. None of above
E. All of the above

274. Asbestosis is caused by
A. Asbestos water
B. *Asbestos dust
C. Chlorine
D. mercury
E. All of the above

275. Who must judge cases of chronic professional diseases?
A. Administration of the factory.
B. Head of the sanitary department.
C. Doctor of sanitary-epidemiology station.
D. The department of security technique of the factory.
E. *Doctor of sanitary-epidemiology station and the department of security technique of the factory

276. Connection of acute infectional diseases with professional activity of wrecked is diagnosed after consultation with:
A. Internist of the factory.
B. Infectionist-doctor of region policlinics.
C. Internist.
D. *Doctor of occupational hygiene of the territorial sanitary-epidemiology station and Epidemiologist of sanitary-epidemiology station
E. Doctor of factory

277. The degree of professional activity loss in per cents is determined by:
A. Doctor-profpatologist.

B. *Medical-social-expert committee.
C. Internist of factory.
D. Special medical-preventive establishments.
E. None of the above.

278. Who can put diagnosis of the chronic professional disease (or intoxication) at first?
A. Internist of the factory.
B. Internist.
C. *Profpathologist.
D. Special medical-preventive establishments.
E. None of the above.

279. Acute professional disease (intoxications) can be diagnosed by the doctor of any medical-preventive establishment after consultation with the:
A. Internist of the factory
B. Internist
C. *Specialist of profpathology
D. Doctor of occupational hygiene of the territorial sanitary-epidemiology station
E. Special medical-preventive establishments.

280. Which complication is most frequent in patients with silicosis?
A. Tromboembolia of pulmonary artery.
B. Bronchial asthma.
C. Pneumonia.
D. Cancer of lungs.
E. *Tuberculosis.

281. Choose, what from these diseases is Silicatosis.
A. Siderosis
B. Aluminosis
C. *Asbestosis
D. Bisinosis
E. All of the above

282. Classification of silicosis according to clinical course, except
A. Fast progressive
B. Slow progressive
C. *Progressive
D. Late silicosis
E. All of the above

283. Choose the cause of silicosis:
A. Organic dust
B. Tale dust
C. House dust
D. *Coal dust
E. All the above

284. In 1567 there was issued the work "About mountain consumption and other mountain diseases". Who was the author?
A. Agricola.
B. *Pretzels.
C. Hippocrates.
D. Martin Pans.
E. Bernardino Ramazzini.

285. Where was created the first specialized clinic of professional diseases, which exists to now?
A. London.

B. Paris.
C. *Milan.
D. Delli.
E. Rome.

286. Who was the author of the first work, in which systematically were laid out the questions of occupational hygiene of people of different professions with the description of the proper professional diseases, published in 1700 under the name "About diseases of artisans"?
A. Agricola.
B. Pretzels.
C. Hippocrates.
D. Martin Pans.
E. *Bernardino Ramazzini.

287. In what year in Milan on a motherland of Ramazzini, the first specialized clinic of professional diseases, which exists to now, was created?
A. 1893.
B. *1910.
C. 1948.
D. 1956.
E. 1983.

288. General medical contra indications to admittance on the work related to the dangerous harmful substances and harmful industrial factors, are the following, except:
A. Inherent anomalies of organs with the evident insufficiency of their functions
B. Chronic psychical diseases.
C. Organic diseases of the central nervous system with the stable evident dysfunction.
D. *Essential hypertension of I-st stage
E. Diseases of the endocrine system with the expressed violations of functions.

289. General medical contraindications to admittance on the work related to the dangerous harmful substances and harmful industrial factors, are the following, except:
A. Malignant neoplasm.
B. All diseases of the system of blood and hematosis.
C. Arterial hypertension of the III stage.
D. Heart diseases with heart insufficiency.
E. *Essential hypertension of the I-st stage

290. All of these are physical factors of professional harmfulness, except:
A. Industrial noise.
B. *Micro- and macro organisms.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

291. General medical contraindications to admittance on the work related to the dangerous harmful substances and harmful industrial factors, are the following, except:
A. Chronic diseases of lungs with the evident pulmonary-cardiac insufficiency.
B. *Essential hypertension of II st stage
C. Bronchial asthma of severe form with the evident disturbance of breathing and circulation of blood.
D. Active forms of tuberculosis of any localization.
E. Stomach and duodenal ulcer with chronic recurrent course and susceptibility to complications.

292. General medical contraindications to admittance on the work related to the dangerous harmful substances and harmful industrial factors are the following, except:

A. Cirrhosis of liver and active chronic hepatitis.
B. Chronic illnesses of kidneys with the phenomena of kidney insufficiency.
C. Collagenosis.
D. Illnesses of joints with the stable dysfunction.
E. *Neurocirculator distonia

293. General medical contraindications to admittance on the work related to the dangerous harmful substances and harmful industrial factors are the following, except:
A. Pregnancy and period of lactation.
B. Ordinary miscarriage and anomalies of fetus in anamnesis of women, which plan child-bearing.
C. Disturbance of menstrual function that is accompanied by the uterine bleeding.
D. Decompensated glaucoma.
E. *Arterial hypertension of I-st stage

294. What biological industrial factors that are professional harmfulness do you know?
A. Industrial noise.
B. Laser and ionizing radiation.
C. *Antibiotics.
D. Vibration.
E. Electromagnetic.

295. What biological industrial factors that are professional harmfulness do you know?
A. Industrial noise.
B. *Fungi.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

296. What biological industrial factors that are professional harmfulness do you know?
A. Industrial noise.
B. *Micro- and macro organisms.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

297. These are physical factors of professional harmfulness, except:
A. Industrial noise.
B. *Micro- and macro organisms.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

298. These are physical factors of professional harmfulness, except:
A. Industrial noise.
B. *Fungi.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

299. These are physical factors of professional harmfulness, except:
A. Industrial noise.
B. Laser and ionizing radiation.
C. *Antibiotics.
D. Vibration.
E. Electromagnetic.

300. These are biological factors of professional harmfulness, except:
A. Fungi.
B. Micro organisms.

C. Antibiotics.
D. *Vibration.
E. Macro organisms.

301. All of these are biological factors of professional harmfulness, except:
A. Fungi.
B. Micro organisms.
C. *Industrial noise.
D. Antibiotics.
E. Macro organisms.

302. These are biological factors of professional harmfulness, except:
A. Fungi.
B. *Laser and ionizing radiation.
C. Antibiotics.
D. Micro organisms.
E. Macro organisms.

303. These are biological factors of professional harmfulness, except:
A. *Electromagnetic.
B. Fungi.
C. Antibiotics.
D. Micro organisms.
E. Macro organisms.

304. These are biological factors of professional harmfulness, except:
A. Fungi.
B. Micro organisms.
C. *Excessive or reduces atmospheric pressure.
D. Antibiotics.
E. Macro organisms.

305. These are biological factors of professional harmfulness, except:
A. Fungi.
B. *High and low temperature of external environment.
C. Antibiotics.
D. Micro organisms.
E. Macro organisms.

306. What of these physical factors are professional harmfulness:
A. Antibiotics, fungi, micro- and macro organisms.
B. *Industrial noise, ultrasound, vibration, electromagnetic, excessive or reduces atmospheric pressure, high and low temperature of external environment etc.
C. Physical, static and dynamic overload of locomotor system, muscles, nervous system, organs of eyesight, hearing, hypodynamia and others.
D. Industrial dust.
E. Chemical toxic substances.

307. What of these biologycal factors are professional harmfulness:
A. *Antibiotics, fungi, micro- and macro organisms.
B. Industrial noise, ultrasound, vibration, electromagnetic, excessive or reduces atmospheric pressure, high and low temperature of external environment etc..
C. Physical, static and dynamic overload of locomotor system, muscles, nervous system, organs of eyesight, hearing, hypodynamia and others.
D. Industrial dust.
E. Chemical toxic substances.

308. Choose the etiological factors of pneumoconiosis.
A. Antibiotics, fungi, micro- and macro organisms.
B. Industrial noise, ultrasound, vibration, electromagnetic, excessive or reduces

atmospheric pressure, high and low temperature of external environment etc..
C. Physical, static and dynamic overload of locomotor system, muscles, nervous system, organs of eyesight, hearing, hypodynamia and others.
D. *Industrial dust.
E. Chemical toxic substances.

309. Choose, which doctor can put diagnosis of the chronic professional disease (or intoxication) at first?
A. Internist of the factory.
B. Internist.
C. *Special medical-preventive establishments.
D. Profpathologist.
E. None of the above.

310. Who can put diagnosis of the chronic professional intoxication at first?
A. Internist of the factory.
B. *Special medical-preventive establishments.
C. Internist.
D. Profpathologist.
E. Pulmonologist

311. Which from these drugs are from the group of reactivates of acetylcholinesterase?
A. *Dipiroxim
B. None of the above
C. Fosfacol
D. Platifilin
E. Aloksim

312. All of these diseases are contraindicated for working on the factories where is contact with occupational dust is, except:
A. Diseases of upper airways and bronchial tree
B. Organic diseases of cardio-vascular system
C. *Diseases of gastrointestinal tract
D. Emphysema of lungs
E. Tuberculosis

313. How often the prophylactic medical examination of working of the factory must be make, where is the contact with occupational dust?
A. Once a month
B. *Once a year
C. Twice a year
D. Once a two years
E. Once a three years

314. *The known work of Agricola in 1556 was devoted to disease:
A. of miners.
B. of doctors.
C. of teachers.
D. of farmers.
E. all of these.

315. Who can put diagnosis of the chronic professional disease at first only:
A. Internist of the factory.
B. Internist.
C. Special medical-preventive establishments.
D. Profpathologist.
E. None of the above.

316. The first works about professional diseases were printed in:
A. XVI

B. V-VI
C. *VI-IV century B.C.
D. XIX
E. II-III century B.C.

317. Hippocrates that lived approximately in 577-450 B.C. has described the disease of:
A. Described disease of worker with influence of vibration.
B. Described disease of workers of agriculture.
C. Described disease of workers of farms.
D. *Described disease of miners that run with the severe breathlessness.
E. Described disease of workers of culture.

318. In what year was known the work of Agricola, devoted to disease of miners?
A. 1257
B. 1657.
C. 1987.
D. *1556.
E. 2000.

319. In what year there was issued the work "About mountain consumption and other mountain diseases" by Pretzels?
A. *1530.
B. 1209.
C. 2000.
D. 2009.
E. 1945.

320. Biological industrial factors are:
A. Industrial noise.
B. *Fungi.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

321. The physical factors of professional harmfulness are all of these, except:
A. Industrial noise.
B. *Micro- and macro organisms.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

322. The physical factors of professional harmfulness are all of these, except:
A. Industrial noise.
B. *Fungi.
C. High and low temperature of external environment.
D. Vibration.
E. Electromagnetic.

323. What doctor can put diagnosis of the chronic professional intoxication at first?
A. Internist of the factory.
B. *Special medical-preventive establishments.
C. Internist.
D. Profpathologist.
E. Pulmonologist

324. Acute professional disease (intoxications) can be diagnosed by the doctor of any medical-preventive establishment after consultation with the:
A. Internist of the factory.
B. Internist.

C. *Specialist of profpathology.
D. Gastroenterologist
E. Pulmonologists

325. Connection of acute infectional diseases with professional activity of wrecked is diagnosed after consultation with:
A. Internist of the factory.
B. Infectionist-doctor of region policlinics.
C. Internist.
D. *Doctor of occupational hygiene of the territorial sanitary-epidemiology station and epidemiologist of sanitary-epidemiology station.
E. Epidemiologist of sanitary-epidemiology station.

326. What additional methods of investigation help to evaluate main syndromes of the vibrational disease?
A. *Capillaroscopy, cooling test, electrothermometry
B. Pallesthesiometry
C. Electrocardiography
D. Ultrasound
E. Algesiometry

327. What methods of investigation can help to diagnosed the vibration disease?
A. *Capillaroscopy, cooling test, electrothermometry
B. Roentgenography
C. Electrocardiography
D. Ultrasound
E. Esophagogastroduodenoscopy

328. What additional methods of investigation we should do to the patients with vibration disease?
A. *Capillaroscopy, cooling test, electrothermometry, pallesthesiometry
B. Echocardiography
C. Electrocardiography
D. Ultrasound
E. Common blood analysis

329. For diagnostics of what disease is used computer capillaroscopy?
A. *Vibration disease
B. Reino syndrome
C. Intoxication by mercury
D. Intoxication by manganese
E. Polyneuropathy

330. What vibration is dangerous for the development of vibrational disease?
A. Vibration of low-frequency (8-15 Hz).
B. Vibration of medium-frequency (16-6 Hz).
C. Vibration of high-frequency (more than 64 Hz).
D. *Vibration of l medium and high-frequency.
E. All of the above.

331. Professional pathology as the section of clinical medicine studies the question of:
A. Etiology and pathogenesis.
B. Clinic.
C. Diagnostics.
D. Medical treatment and prophylaxis of professional diseases.
E. *All of these

332. Professional illnesses are disease that caused by:
A. Radiation
B. *Professional harmfulness.

C. Water.
D. Sun.
E. Food.

333. In what century there were first works about professional diseases?
A. XVI
B. V-VI
C. *VI-IV century B.C.
D. XIX
E. II-III century B.C.

334. What disease has described Hippocrates that lived approximately in 577-450 B.C.?
A. Described disease of worker with influence of vibration.
B. Described disease of workers of agriculture.
C. Described disease of workers of farms.
D. *Described disease of miners that run with the severe breathlessness.
E. Described disease of workers of culture.

335. Which diseases are characterised by such syndromes: angiodistonic, angiospastic, vestibular, diencephalic, syndrome of vegetative polyneuritis?
A. Chronic intoxication by mercury.
B. *Vibrational disease.
C. Chronic intoxication by lead.
D. Chronic intoxication by manganese.
E. Chronic intoxication by benzol.

336. A vegetative-vestibular syndrome most frequent meets at patients with vibrational disease from action of:
A. *General vibration
B. Local vibration
C. Combined vibration of local and general action
D. All of these
E. Non of these

337. Choose most characteristic syndromes for general form of vibrational disease of first stage:
A. Raynaud's syndrome
B. Vegetative-sensory polyneuropathy of the hands
C. Neuritis of hearing nerves
D. Peripheral angiodistonic syndrome
E. *Vegetative-sensory polyneuropathy of the hands and Peripheral angiodistonic syndrome

338. Choose the most informative methods of diagnostics of vibrational disease:
A. Ultrasound
B. *Anamnesis data
C. Roentgenography of extremities
D. Distal thermometry
E. Electrocardiography

339. Choose the most characteristic syndromes of local form of vibration disease of the first stage:
A. Hypothalamic syndrome, vestibular syndrome
B. Vegetative-vessels dystonia and peripheral angiodistonic syndrome
C. Vegetative-vessels dystonia
D. Peripheral angiodistonic syndrome
E. Syndrome of vegetative-sensory polyneuropathy

340. Choose the most characteristic syndromes for the local form of vibrational disease

of the III stage:

A. Syndrome of myopathy
B. *Syndrome of encephalopolyneuropathy
C. Syndrome of sensory-motor polyneuropathy
D. Generalized angiodistonic syndrome
E. Syndrome of myelitis

341. Choose the most characteristic syndromes of the local form of vibration disease of the II stage:

A. *Periferal angiodistonic syndrome with frequent angiospasms
B. Syndrome of encephalopathy
C. Cardiomyopathy syndrome
D. Vegetative-sensory polyneuropathy with the dystrophic changers
E. Vestibular syndrome

342. Choose the most characteristic syndromes for the general form of vibration disease of III stage:

A. Generalized angiodistonic syndrome
B. Syndrome of myelitis, cardiomyopathy syndrome
C. *Generalized angiodistonic syndrome, discirculative encephalopathy, vegetative-sensory polyneuropathy
D. Discirculative encephalopathy
E. Vegetative-sensory polyneuropathy

343. Following symptoms are present in vibrational disease except?

A. Symptoms of white spot
B. Piles symptom
C. Vibration
D. *Seizures
E. Non of the above

344. Angiodistonic syndrome is characterized by one of the following except:

A. Hyperesthesia on separate phalanxes
B. Chilling
C. *Nystagmus
D. Cyanosis of hands
E. None of the above.

345. Clinical symptoms of vibrational disease from local vibration are:

A. Dull aching of arms which disturbs patients at night and in rest
B. Fever 39C, severe vomiting 3-4 times a day
C. General weakness, headache, dizziness, bad sleep, irritability
D. *Dull aching of arms which disturbs patients at night and in rest and general weakness, headache, dizziness, bad sleep, irritability
E. All the above.

346. Vascular disorders are characterized by:

A. Fasciculitis and myositis
B. *Positive Pile's symptom, phenomenon of white spot
C. Dizziness, nystagmus
D. Expressed pains in hands
E. None of the them.

347. Syndrome of vegetative myofascitis is characterized by combination of:

A. Neuritis and plexitis
B. *Vegetative-sensory polyneuritis + dystrophic changes in the muscles of shoulder girdle and tendinous apparatus
C. Paraesthesias in lower extremities and hyperhydrosis
D. Chilling and cyanosis of hands

E. None of the above.

348. Trophic disorders show up:
A. Hyperkeratosis on the palms
B. Hyperkeratosis on the lateral surface of fingers
C. Erasing of picture on the skin, especially on distal phalanxes
D. Thickened, turbid and deformed nails
E. *All the above

349. Vibrational disease from the influence of general vibration is characterized by:
A. Negative Pile's symptom
B. Headache in the frontal area
C. Chilling of extremities
D. *Headache in the frontal area and chilling of extremities
E. None of the above.

350. Medical treatment of vibration disease includes:
A. Improvement of microcirculation
B. Improvement of protein metabolism
C. To correct angiospasm
D. For removal of pain syndrome
E. *All the above.

351. What are the main patient's complaints with the sensible form of polyneuritis?
A. Absent of pain during palpation on motion of nerves
B. Oedema of the hands and feet
C. Severe pain
D. *Feeling of weakness, numbness of hands and feet, loss of their sensitiveness, pain during palpation on motion of nerves
E. All of the above

352. What are the clinical features of encephalopathy at vibrational disease?
A. Nausea
B. *Headache, especially in the back of head
C. Oedema of the leg
D. Seizures
E. All of the above

353. With what diseases the differential diagnosis of vibration disease should be carried out?
A. *Raynaud's disease, syringomyelia, vegetative polyneuritis, myositis.
B. Neurocirculative dystonia
C. Brachium plexitis
D. Chronic intoxication by lead.
E. Chronic intoxication by manganese.

354. What methods of investigation help to reveal sensory disorders in the patients with vibration disease?
A. *Algesimetry, electrothermomentry, pallesthesiometry
B. Distal thermometry
C. Electrocardiography
D. Capillaroscopy
E. Ultrasound

355. What laboratory methods of investigation are necessary for proving the diagnosis of vibrational disease?
A. *Capillaroscopy, thermometry, algesiometry, pallesthesiometry, cooling test
B. Distal thermometry
C. Electrocardiography
D. Capillaroscopy

E. Ultrasound

356. What additional methods of investigation help to evaluate main syndromes of the vibrational disease?
A. *Capillaroscopy, cooling test, electrothermometry
B. Pallesthesiometry
C. Electrocardiography
D. Ultrasound
E. Algesiometry

357. What methods of investigation can help to diagnosed the vibrational disease?
A. *Capillaroscopy, cooling test, electrothermometry
B. Roentgenography
C. Electrocardiography
D. Ultrasound
E. Esophagogastroduodenoscopy

358. What additional methods of investigation we should do to the patients with vibrational disease?
A. *Capillaroscopy, cooling test, electrothermometry, pallesthesiometry
B. Echocardiography
C. Electrocardiography
D. Ultrasound
E. Common blood analysis

359. For what disease is characteristic sensory decrement by the peripheral type?
A. *Vibration disease
B. Anthracosis
C. Intoxication by lead
D. Intoxication by manganese
E. Intoxication by benzol

360. For diagnostics of what disease is computer capillaroscopy used?
A. *Vibrational disease
B. Reino syndrome
C. Intoxication by mercury
D. Intoxication by manganese
E. Polyneuropathy

361. Sledge symptom is characteristic for:
A. *Vibration disease
B. Pneumoconiosis
C. Intoxication by lead
D. Intoxication by manganese
E. Intoxication by benzol

362. Which preparations are the complecsons?
A. Unitiol
B. *Cuprenil (D-penicilamin), Pentacin, Tetacin-calcium
C. Tetacin-calcium, Tiosulfat sodium
D. Pentacin, Unitiol
E. Tiosulfat sodium

363. What complecsons do you know?
A. Tiosulfat sodium, Unitiol
B. *Cuprenil (D-penicilamin), Pentacin, Tetacin-calcium
C. Tetacin-calcium, Tiosulfat sodium
D. Pentacin, Unitiol
E. All of the above

364. What is the main etiological factor of vibration disease?

A. Industrial dust.
B. *Industrial vibration.
C. Radiation
D. Chemical poisonings
E. All of the above

365. Choose the concomitant occupational factors of risk of the development of vibrational disease:
A. Noise.
B. Super cooling.
C. Significant muscle tension of shoulder.
D. Forced position of body.
E. *All of the above.

366. Choose in what workers development of vibrational disease may be:
A. Workers of machine building.
B. Workers of metallurgical industry.
C. Workers of shipbuilding industry.
D. Workers of transport and agriculture.
E. *All of the above.

367. What vibration is dangerous for the development of vibrational disease?
A. Vibration of low-frequency (8-15 Hz).
B. Vibration of medium-frequency (16-6 Hz).
C. Vibration of high-frequency (more than 64 Hz).
D. *Vibration of medium and high-frequency.
E. All of the above.

368. For what diseases is characteristic positive Pile's symptom?
A. *Vibrational disease.
B. Chronic intoxication by lead.
C. Chronic intoxication by manganese.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

369. For what diseases is characteristic positive Pile's symptom?
A. Chronic intoxication by manganese.
B. *Vibrational disease.
C. Chronic intoxication by lead.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

370. For what diseases positive test on reactive hyperthermia is characteristic?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. Chronic intoxication by benzol.
D. Chronic intoxication by mercury.
E. *Vibrational disease.

371. For what diseases positive test of Boholyepov ischaracteristic?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. *Vibrational disease.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

372. For what diseases positive cold test is characteristic?
A. *Vibrational disease.
B. Chronic intoxication by manganese.
C. Chronic intoxication by lead.

D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

373. For what diseases angiodistonic syndrome is characteristic?
A. *Vibrational disease.
B. Chronic intoxication by manganese.
C. Chronic intoxication by lead.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

374. For what diseases angiospastic syndrome is characteristic?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. *Vibration disease.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

375. For what diseases vegetative-sensory polyneuritis syndrome is characteristic?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. Chronic intoxication by benzol.
D. Chronic intoxication by mercury.
E. *Vibration disease.

376. For what diseases vegetative-myofascitis syndrome is characteristic?
A. *Vibration disease.
B. Chronic intoxication by manganese.
C. Chronic intoxication by lead.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

377. For what diseases vestibular syndrome is characteristic?
A. *Vibration disease.
B. Chronic intoxication by manganese.
C. Chronic intoxication by lead.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

378. Which symptoms characterize the vestibular syndrome during vibrational disease:
A. Dizziness.
B. Nystagmus.
C. Ataxy.
D. Vestibular crises.
E. *All of the above.

379. For what diseases syndrome of somatic nerves is typical?
A. Chronic intoxication by manganese.
B. Chronic intoxication by lead.
C. *Vibrational disease.
D. Chronic intoxication by benzol.
E. Chronic intoxication by mercury.

380. Which symptoms characterized the vestibular syndrome during vibrational disease:
A. Neuritis.
B. Plexitis.
C. Radiculitis.
D. None of the above.
E. *All of the above.