# GABARITO OFICIAL

**AGENTE DE COMUNITÁRIO DE SAÚDE**

**PROVA A**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 -B | 2 -C | 3 -C | 4 -E | 5 -C | 6 -C | 7 -E | 8 -B | 9 -E | 10 -D |
| 11 -D | 12 -E | 13 -B | 14 -E | 15 -A | 16 -C | 17 -A | 18 -B | 19 -D | 20 -A |