# GABARITO

**AGENTE DE COMUNITÁRIO DE SAÚDE**

**PROVA B**

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