

**SARS in 2004 and Beyond...**  
**#05043 / #8355**

1. I verify that I have viewed the video and reviewed the handouts for this independent study activity, and completed the signature and date lines below.

Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Your e-mail address: \_\_\_\_\_  
 (for any needed correspondence about the test)

**Please leave scan bubbles 2-20 blank.**

**There is no test for this independent study.** All you have to do on this page is fill in the circles for the session number and your AORN ID number, and give your preferred e-mail address.

**Please note:** The completed Learner Evaluation form for this Activity *must* accompany this completed Answer Sheet in order for you to receive 1.3 contact hours.

These contact hours for AORN members are FREE.

**Answer Sheet**  
 Independent Study Activity

**Session Number**

<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	0
<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	0
<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	0
<input type="checkbox"/>	1	2	3	4	5	6	7	8	9	0

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AORN ID#	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9
	0	1	2	3	4	5	6	7	8	9

Fee enclosed \_\_\_\_\_ or bill the credit card indicated  
 Charge to:  VISA  MASTERCARD  AMERICAN EXPRESS  
 ACCOUNT # \_\_\_\_\_  
 EXP DATE \_\_\_\_\_  
 SIGNATURE \_\_\_\_\_

1	<input checked="" type="radio"/>	B	C	D	E	11	A	B	C	D	E
2	A	B	C	D	E	12	A	B	C	D	E
3	A	B	C	D	E	13	A	B	C	D	E
4	A	B	C	D	E	14	A	B	C	D	E
5	A	B	C	D	E	15	A	B	C	D	E
6	A	B	C	D	E	16	A	B	C	D	E
7	A	B	C	D	E	17	A	B	C	D	E
8	A	B	C	D	E	18	A	B	C	D	E
9	A	B	C	D	E	19	A	B	C	D	E
10	A	B	C	D	E	20	A	B	C	D	E

RN license \_\_\_\_\_ State \_\_\_\_\_  
 Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone # \_\_\_\_\_