

Name: _____ Date: _____ Period: _____

Allergic reaction

1. BIDSIOAEN _____
2. AEILCLGR TEOACNIR _____
3. BLOOD SETT _____
4. HRETA IPTASPLIONAT _____
5. PLLIINCINE _____
6. STEINAMIH _____
7. UMMIE EYSMST _____
8. LGELENAHC TTES _____
9. UOCSNISCNUO _____
10. TSMOYMP _____
11. RENNPIIEHP TTOJ-AIOCUNER _____