

Name: _____

Date: _____

COVID-19

L J V O M I T I N G V A G N I A P E L C S U M R
O X R K N C S O C I A L D I S T A N C I N G U E
S A W P C P R H Z X K R D S V E O D K T L M N Y
S I P C A O H S K L Q Q I S D G U D Q C C K I W
S Y N Z S L N G B F I W A B O Y N G J H T B G B
M X O S I G X G E C J X R K C X B A I C T R F L
E E I H E P Z V E T C W R J T R N L U T Z I F B
L S T O H J E S M S W Q H Y O G L G K S A M N E
L O A S C R W W B T T T E M R S Q O G G E F O R
G N L P A T E M N G L I A W O U T P B A Q A I O
J Y O I D C B S T Y I E O C S A E Z V X T T T M
S N S T A X H O L J X W O N T Y U O A B W H A V
I N I A E N Y X X N Z V O Y X L M V G T B L N Z
D U N L H W O Y P N I P M O Q N J Z E F O S I H
S R T Q I Q K U J D J M N K W M U Z R Z A O C O
S Q U B W Z D U T C O U G H W I A R C T N R C B
X B X L F U Y E Y C G I Y J K R F S S O S E A T
U T C Z M K S D F C H Y M C E J V Z K E R T V T
T T I G Y T L C I C U V O T K L G D B S A H Y V
P K D R U X U Q U A R A N T I N E R N Z Z R D N
K Q N Y X R Y Y O D Y D D M X Y O F S I N O T H
T N D I F F I C U L T B R E A T H I N G K A U Z
F J J K R P X V I P V F H T A R H K G H I T W T
S G K Y L J V Z I N S E H C A Y D O B T K S I U

Difficult breathing
Sore throat
Covid test
Diarrhea
Fatigue
Masks

Social distancing
Quarantine
Loss smell
Headache
Chills
Cough

Vaccination
Body aches
Runny nose
Hospital
Doctor
Fever

Muscle pain
Congestion
Isolation
Vomiting
Nausea
Nurse