

Name: _____

Date: _____

COVID- 19 #4

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

transmission
infection
sanitize
cover
nose

coronavirus
airborne
gloves
germs

handwashing
distance
sneeze
masks

temperature
droplets
cough
mouth